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GOREVERSINGTIM	NT NUMBER CI		LIENT REFERENCE		OFFICE REFERENCE		DATE 4.3.16	
SENDER (Your Name)		TELEGRA SECTION		RECEIVER Tel: + (Name)		27 21 951 1919	TEL AND	170 HOM
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SERVICES PLEASE SELECT SERVICE ✓ IN BOX								
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OFFICE USE ONLY NAME DATE SIGN OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDESTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)								REE TO BE BOUND BY
CHECKED IN	405/16		SENDERS SIG	SENDERS SIGNATURE: MARCHAU DATE 4 3 - 16				
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				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			-7A11	
CHECKED OUT				RECEIVER'S SIGNATURE: DATE OUBY 11				
5				PRINT NAME	1 10000		TIME	·

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES YOUR ATTENTION IS DRAWN TO THE TERMS & CONDITIONS OF CARRIAGE ON THE REVERSE OF THIS WAYBILL