

FSPN03

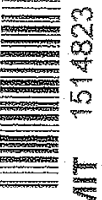


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EMIT 1514823

ACCOUNT NUMBER	CLIENT REFERENCE	OFFICE REFERENCE	DATE
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SENDER (Your Name) **Toy** TEL **2010 237 5910** RECEIVER (Name) **SAMEUL** TEL **051 240466**

COMPANY (Name) **PRINTEX SHB** COMPANY (Name) **MEDI-CLINIC THEATRE**

STREET ADDRESS (Dept./Floor) **33 ROAM CRECENT** STREET ADDRESS (Dept./Floor) **C/O PARFITT AVENUE**

MIDRAND POSTAL CODE **1685** **KEURER STREET** POSTAL CODE **1685**

CITY **MIDRAND** SUBURB **BOEMFONTEIN**

NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
03	BOXED	445	445	50		444 kg	
	DEL NOTE-5565D-0						
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>HYDROLYSED BLOOM FLOCCULENT</p> <p>PHARMACEUTICAL</p> <p>MEDICLINES & PHARMACEUTICALS</p> <p>C/O KELLERST & P... (partially obscured)</p> <p>SAPC REG NO 1017</p> <p>T: 051 444 1202</p> </div>						
	TEST WEIGHT (OFFICE USE)						

COLLECTED BY: *[Signature]*

SIGNATURE: *[Signature]*

DATE: **06/07/08** TIME: **16:19**

DOOR TO DOOR ECONOMY DIRECT LOAD AIR HAZARDOUS CARGO

SERVICES PLEASE SELECT SERVICE / IN BOX

OFFICE USE ONLY	NAME	DATE	SIGN
CHECKED IN	Elas	06/07/08	ME
CHECKED OUT			
CHECKED IN			
CHECKED OUT			

OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)

SENDER'S SIGNATURE: **MEDTIC** DATE: **08/02/18** TIME: **18:00**

PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION

RECEIVER'S SIGNATURE: *[Signature]* DATE: **08/02/18** TIME: **12:30**

PRINT NAME: **Wino**

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES. WE DRAW YOUR ATTENTION TO THE SUMMARISED VERSION OF OUR TERMS & CONDITIONS AS ACCEPTED BY YOU ON THE REVERSE OF OUR WAYBILL. YOU ACKNOWLEDGE THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.

POD COPY

Emmit 01 424 1528 Emmit 02 7177 200024