

Operations 1: 0834483135 Operations 2: 0824943310 Accounts: 0418163404 0866218876 Fax: ops@rowel.co.za

PO Box 2193 North End 6056

DELIVERY NOTE 2135

CLIENT ORDER NUMBER			COLLECTION REQUEST NUMBER			
Plea	se note: The Standard Trading Cond	litions of Rowel Services can not be chang	ged on a unilateral basis	afterwards by way of the customer	s own trading conditions.	
Senders Name PROVNIEX THB			Consignee Name ASPEN			
Street Address	ROAN CRESC	ENT	Street Address 8 GIBUAN ROAN ICORSTEN			
City MIDRANIO Telephone		0112375900	City P	Telephone	083 453 49 14	
Contact Client Ref:		: Waybill / Manifest / Invoice No.	Contact	A Client Ref: 3	Client Ref: Waybill / Manifest / Invoice No.	
Maria Control of the		Saturday delivery / Documents attached to	be returned to client / O	ther)		
QTY	DESCRIPTION OF CONTENTS			ASDEN PHARMACARE		
QIT		DESCRIPTION OF CONTENTS	AD	DIMENSIONS IN cm	ACTUAL WEIGHT (Kg)	
04	BOXE	S		4 5 X 30L 2016	70	
	DEL NOTE	38678-3		RECEIVE	D	
"By virtue of mylour signature here to I/We agree to be bound by the full terms and conditions of carriage, an abridged version of which apears on the reverse side hereof".  SENDERS SIGNATURE		Received by	No. of Articles	"Goods Receipts in Good Order" ONSIGNEE'S SIGNATURE		
Senders Name (Please print)		Receivers Name (Please print)	6	Consignee's Name MTHETHELELI		
Date 01-07-2016 Time		Date 01/67/16	Time	Date 04/07/2016	Time	
NO INSURANCE	apply without a signed original Stand	ard Trading Conditions on file. COD and A	ccount clients are liable	for first amount payable (excess) i	in the event of a loss occuring.	