



VAT REG NO 4510265798
 REG NO 2011/010443/07

File No _____ Origin **DUR** Date **20/11/19** Destination _____

Shipper's Account Number J17990		Shipper's Reference Number		To (Recipient's Name) THERESA WHITTAL		Their Phone Number 043 703 0130	
Shipper (Your Name) S DHUNPERSAD		Your Phone Number 031 502 2363		Company Name ST. DOMINICS HOSP			
Company Name B & L STERIPACK				Street Address (PO Boxes are not deliverable) Dept/Floor 45 ST. MARKS ROAD BOX			
Street Address (Dept/Floor) 38 MARSHALL DRIVE				SOUTHERNWOOD RIES			
City MOUNT EDGECOMBE		Postal Code 4300		City EAST LONDON		Postal Code S213	
Country SA				Country SA			

SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)

INTERNATIONAL - BUDGET FREIGHT SERVICES (ONLY FOR THE FOLLOWING DESTINATIONS)				Customs Value	Insurance Value
BOTSWANA <input type="checkbox"/>	LESOTHO <input type="checkbox"/>	SWAZILAND <input type="checkbox"/>	MOZAMBIQUE <input type="checkbox"/>	NAMIBIA <input type="checkbox"/>	
INTERNATIONAL SERVICES				DOMESTIC SERVICES	
COURIER DOCUMENT EXPRESS <input type="checkbox"/>		REMAIL <input type="checkbox"/>		OVERNIGHT EXPRESS BY 10H30 <input checked="" type="checkbox"/>	BUDGET CARGO <input type="checkbox"/>
COURIER PARCEL EXPRESS <input type="checkbox"/>		AIRFREIGHT <input type="checkbox"/>		OVERNIGHT BY 13H00 <input type="checkbox"/>	SAME DAY EXPRESS <input type="checkbox"/>

NO. OF PKGS	DESCRIPTION OF PACKAGING AND CONTENTS	DIMENSIONS (CENTIMETRES)			VOL WEIGHT Kg's	ACTUAL WEIGHT Kg's	FREIGHT CHARGE	FUEL SURCHARGE	OTHER	INSURANCE	SAME DAY SURCHARGE	TOTAL EXCL VAT	VAT
		LENGTH	BREATH	HEIGHT									
2	BOXES	450	500	500									

HAZARDOUS CARGO? YES NO SATURDAY DELIVERY FOR DOMESTIC SERVICES ONLY YES NO INSURANCE REQUIRED ABOVE R1000? YES NO DELIVERY BY 8 30 YES NO TOTAL INCL VAT **R**

WE HAVE SEEN AND AGREED TO THE STANDARD CONDITIONS OF CARRIAGE OF SKYNET WORLDWIDE EXPRESS

SIGNATURE: **SHERWIN** PRINT NAME: **SHERWIN** DATE: **21-11-19** TIME: **10:07**

RECEIVED BY SKYNET WORLDWIDE EXPRESS SIGNATURE: _____ DATE: _____ TIME: _____

RECEIVED BY IN GOOD ORDER AND CONDITION CONSIGNEE SIGNATURE: **Shawn** PRINT NAME: _____ DATE: **21-11-19** TIME: **10:07**

PARCEL STICKERS

PLEASE COMPLETE ALL SHADED AREAS AS INDICATED IN RED