



VAT REG NO 4510265798

REG NO 2011/010443/07

File No	Origin	Date	Destination
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Shipper's Account Number 317991		Shipper's Reference Number		To (Recipients Name)		Their Phone Number	
Shipper (Your Name) Linda		Your Phone Number		Company Name Priotex			
Company Name Nelspruit Mediclinic		Street Address (P.O. Boxes are not deliverable) Dept/Floor 35 Lester Road					
Street Address (Dept/Floor) Louise St Enkhuizen							
City Nelspruit		Postal Code 1200		City Wynberg		Postal Code CPT	
Country				Country			

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		REMAIL		OVERNIGHT EXPRESS BY 10H30		BUDGET CARGO	
COURIER PARCEL EXPRESS		AIRFREIGHT		OVERNIGHT BY 13H00		SAME DAY EXPRESS	

NO. OF PKGS	DESCRIPTION OF PACKING AND CONTENTS	DIMENSIONS (CENTIMETRES)			VOL WEIGHT Kg's	ACTUAL WEIGHT Kg's	FREIGHT CHARGE		
		LENGTH	BREATH	HEIGHT					
		47	31	28		12			
							FUEL SURCHARGE		
							OTHER		
							INSURANCE		
							SAME-DAY SURCHARGE		
							TOTAL EXCL VAT		
							VAT		

HAZARDOUS CARGO?	YES <input type="checkbox"/> NO <input type="checkbox"/>	SATURDAY DELIVERY FOR DOMESTIC SERVICES ONLY	YES <input type="checkbox"/> NO <input type="checkbox"/>	INSURANCE REQUIRED ABOVE R1000?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DELIVERY BY 8 30	YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL INCL VAT R	
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WE HAVE SEEN AND AGREE TO THE STANDARD CONDITIONS OF CARRIAGE OF SKYNET WORLDWIDE EXPRESS  SIGNATURE PRINT NAME		RECEIVED BY SKYNET WORLDWIDE EXPRESS SIGNATURE <i>Marcelle</i> DATE 18/3/19 TIME		RECEIVED IN GOOD ORDER AND CONDITION CONSIGNEE SIGNATURE PRINT NAME DATE TIME		<div>PARCEL STICKERS</div>	
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