



029907549497

A DIVISION OF
CROSSROADS DISTRIBUTION (PTY) LTD
VAT REG NO 4510265798
REG NO 2011/010443/07

File No	Origin	Date	Destination
		04/10/16	PE

Shipper's Account Number CL8281	Shipper's Reference Number	To (Recipient's Name) MELINDA	Their Phone Number 0791930151	
Shipper (Your Name) CHARMAINE		Your Phone Number 0312756700		Company Name
Company Name S.A. GREETINGS		Street Address (P.O. Boxes are not deliverable) Dept/Floor 5 BEETHOVEN STREET		
Street Address (Dept/Floor) UNIT 1B 27-29 JAN HOFMEYER		WALMGR LGARDENS		
City DELMAT HOUSE	Postal Code 3629	City PORT ELIZABETH	Postal Code 6000	
Country S.A.		Country S.A.		

SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)

Please call before you deliver

INTERNATIONAL - BUDGET FREIGHT SERVICES (ONLY FOR THE FOLLOWING DESTINATIONS)

BOTSWANA LESOTHO SWAZILAND MOZAMBIQUE NAMIBIA

Customs Value

Insurance Value

INTERNATIONAL SERVICES

DOMESTIC SERVICES

COURIER DOCUMENT EXPRESS	REMAIL
COURIER PARCEL EXPRESS	AIRFREIGHT

OVERNIGHT EXPRESS BY 10H30	<input checked="" type="checkbox"/>
OVERNIGHT BY 13H00	

BUDGET CARGO	
SAME DAY EXPRESS	

NO. OF PKGS	DESCRIPTION OF PACKING 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									
1		40	30	6		0.5							

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
----------------	---

WE HAVE SEEN AND AGREE TO THE STANDARD CONDITIONS OF CARRIAGE OF SKYNET WORLDWIDE EXPRESS
SIGNATURE *Charmaire*
PRINT NAME **Charmaire**

RECEIVED BY SKYNET WORLDWIDE EXPRESS
SIGNATURE *Kemi*
DATE _____ TIME _____

RECEIVED IN GOOD ORDER AND CONDITION
CONSIGNEE SIGNATURE *Melinda*
PRINT NAME **Melinda**
DATE **11/10/16** TIME **10H29**

PARCEL STICKERS

PLEASE COMPLETE ALL SHADED AREAS AS INDICATED IN RED