

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430136/80

P.O. BOX 8876, EDENGLLEN 1610
www.cargoworks.co.za

JOHANNESBURG
☎ (011) 873-1212
FAX (011) 873-0715

PORT ELIZABETH
☎ (041) 486-1092
FAX (041) 486-1896

CAPE TOWN
☎ (021) 934-8040
FAX (021) 934-8030

NELSPRUIT
☎ (013) 758-2087
FAX (013) 758-2068

DURBAN
☎ (031) 702-0252
FAX (031) 702-8218

EAST LONDON
☎ (043) 736 6077
FAX (043) 736-1424

PROOF OF DELIVERY

DATE: 06/10/16 ORIGIN: JHR DEST: RTH LINEHAUL VEHICLE: WAYBILL NO. 2002753

FOR ACCOUNT OF: (POSTAL ADDRESS) ACCOUNT NO. MAP001

SENDER'S NAME AND ADDRESS PRION TEX JHB		RECEIVERS NAME AND ADDRESS Bloemfontein Pharmacy Store	
313 ROAN CRESCENT		Chr Kellner & Parfitt Street	
NIDRANO		Westdene, Bloemfontein	
SENDER'S NAME: JELCOY		CONTACT NAME: Tricia Mitchell	
PHONE: 011 237 5900		PHONE: 051 404 6842	

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM) L B H	VOLUME WEIGHT	ACTUAL MASS KG
03	Boxed	Boxes only del note 14457-0	45 45 50		40
		HYDROMED BLOEMFONTEIN PHARMACY MEDICLINIC BLOEMFONTEIN C/O KELLNER ST & PARFITT AV SAPC REG NR Y03407 T: +27 51 404 6671 F: +27 51 444 3292			

SPECIAL INSTRUCTIONS: CHARGEABLE WEIGHT

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT	FOR OFFICE USE ONLY	
Signature: [Signature] PRINT NAME: JELCOY DATE: 06/10/16 TIME: 12:00	Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature: [Signature] PRINT NAME: [Name] DATE: 06/10/2016 TIME: 12:00	Signature: [Signature] PRINT NAME: DAVID DATE: 07/10/16 TIME: 12:00	Signature: [Signature] PRINT NAME: DAVID DATE: 07/10/16 TIME: 12:00	RATE	
				CHARGE	
				SURCHARGE	
				DOCUMENT FEE	
				VAT	
				TOTAL	

By your signatures, you confirm that you have read the Conditions of Carriage on the back of this document and that you agree to be bound by it.

PLEASE USE BALLPOINT PEN AND PRESS HARD