

PROOF OF DELIVERY

| | | | | |
|---------------------|-------------------|------------------|------------------|----------------------------|
| DATE <u>16/1/16</u> | ORIGIN <u>DBN</u> | DEST. <u>JHB</u> | LINEHAUL VEHICLE | WAYBILL NO. <u>2995913</u> |
|---------------------|-------------------|------------------|------------------|----------------------------|

| | |
|-------------------------------------|-------------|
| FOR ACCOUNT OF: (POSTAL ADDRESS) | ACCOUNT NO. |
|-------------------------------------|-------------|

| | | | |
|---------------------------|--------|----------------------------|--------------|
| SENDER'S NAME AND ADDRESS | | RECEIVERS NAME AND ADDRESS | |
| <u>ATM SOLUTION'S</u> | | <u>ATM SOLUTION'S</u> | |
| <u>DBN</u> | | <u>JHB</u> | |
| SENDER'S NAME: | PHONE: | CONTACT NAME: | POSTAL CODE: |
| | | | |

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) | | | VOLUME WEIGHT | ACTUAL MASS KG |
|--------------|-----------|------------------------------|-----------------|------------|------------|------------------|-------------------|
| | | | L | B | H | | |
| <u>2</u> | | <u>Vandalized P.D. Books</u> | <u>208</u> | <u>107</u> | <u>20</u> | | <u>420</u> |
| <u>1</u> | | <u>Pho AT DURBAN</u> | <u>108</u> | <u>16</u> | <u>209</u> | | |
| | | <u>DEPOT</u> | | | | | |
| | | | | | | | |
| | | | | | | | |

*C/W DBN REC GOODS IN POOR CONDITION

SPECIAL INSTRUCTIONS:

CHARGEABLE
WEIGHT

420

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|------|--|--|--|--------|--|--|--|-----------|--|--|--|--------------|--|--|--|-------|--|--|--|-------|--|--|--|
| SENDER  SIGNATURE: <u>NICK</u> PRINT NAME: <u>16/1/16</u> DATE: TIME: | COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>Simon</u> PRINT NAME: <u>09:20 16/1/16</u> DATE: TIME: | DELIVERED BY  SIGNATURE: <u>Ignatius</u> PRINT NAME: <u>17/1/16 10:14</u> DATE: TIME: | RECIPIENT  SIGNATURE: <u>Debia</u> PRINT NAME: <u>17/1/16 10:14</u> DATE: TIME: | FOR OFFICE USE ONLY <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> </tr> </table> | RATE | | | | CHARGE | | | | SURCHARGE | | | | DOCUMENT FEE | | | | V.A.T | | | | TOTAL | | | |
| RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHARGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SURCHARGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCUMENT FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V.A.T | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

By your signature, you confirm that you have read the Conditions of Consignment on the back of this document and that you agree to be bound by all the Conditions

PLEASE USE BALLPOINT PEN AND PRESS HARD