

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

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

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

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

DURBAN
☎ (031) 702-0252
FAX (031) 702-6218

PORT ELIZABETH
☎ (041) 486-1092
FAX (041) 486-1096

NELSPRUIT
☎ (013) 758-2067
FAX (013) 758-2068

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

PROOF OF DELIVERY

| | | | | |
|----------------------|--------|-------|------------------|----------------------------|
| DATE <u>25/10/16</u> | ORIGIN | DEST. | LINEHAUL VEHICLE | WAYBILL NO. <u>2993290</u> |
|----------------------|--------|-------|------------------|----------------------------|



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

| | | | |
|--------------------------------|--------|----------------------------|--------|
| SENDER'S NAME AND ADDRESS | | RECEIVERS NAME AND ADDRESS | |
| <u>Worcester Sharpsfitters</u> | | <u>Optim Solutions</u> | |
| | | POSTAL CODE: | |
| | | <u>5113</u> | |
| SENDER'S NAME: | PHONE: | CONTACT NAME: | PHONE: |

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>1</u> | <u>ATM</u> | | <u>80</u> | <u>49</u> | <u>159</u> | | <u>4.42</u> |
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| SPECIAL INSTRUCTIONS: | CHARGEABLE WEIGHT <u>4.42</u> |
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|--|--|--|---|--|------|--|--|--|--------|--|--|--|-----------|--|--|--|--------------|--|--|--|-------|--|--|--|--------------|--|--|--|
| SENDER  SIGNATURE: <u>Angelo</u> PRINT NAME: <u>25/10/16</u> DATE: TIME: | COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>Elvis</u> PRINT NAME: <u>25/10/16</u> DATE: TIME: | DELIVERED BY <u>Ignatious</u> PRINT NAME: <u>27/10/16 13:54</u> DATE: TIME: | RECIPIENT  SIGNATURE: <u>Debra</u> PRINT NAME: <u>27/10/16</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 Carriage on the back of this document and that you agree to be bound by all the Conditions.

PLEASE USE BALLPOINT PEN AND PRESS HARD