


CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

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

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

PORT ELIZABETH
☎ (041) 452-7020
FAX (041) 452-7645

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

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

PROOF OF DELIVERY

| | | | |
|-------------------------------------|-------------|----------------------------|--------|
| SENDERS NAME AND ADDRESS | | ACCOUNT NO. | |
| PRIORITY | | RECEIVERS NAME AND ADDRESS | |
| 313 Room Crescent C/F 1193 | | PTC EMPIRE ROAD | |
| Rempsink | | NO 39 EMPIRE ROAD | |
| SENDERS NAME: | PHONE: | POSTAL CODE: | |
| NGCIC | CU 237 5900 | POKKTOWN | |
| | | CONTACT NAME: | PHONE: |
| NO INSURANCE IS PROVIDED. PLEASE... | | | |


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

[illegible]

SPECIAL INSTRUCTIONS:

CHARGEABLE
WEIGHT

1139k

| SENDER | | COLLECTED BY | | DELIVERED BY | | RECIPIENT | | FOR OFFICE USE ONLY | | | |
|---|--|--|--|-----------------------|--|-------------------------|--|---------------------|--|--|--|
|  SIGNATURE: | | Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | SIGNATURE: | | RATE | | | |
| NEELE PRINT NAME: | | T. A. M. ... PRINT NAME: | | VICTOR PRINT NAME: | | Bowinile PRINT NAME: | | CHARGE | | | |
| 20-06-16 DATE: | | 21-6-16 DATE: | | 22/06/16 DATE: | | 22/06/16 9:35 DATE: | | BURCHARGE | | | |
| TIME: | | TIME: | | TIME: | | TIME: | | 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.

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Complied by

Approved by

DELIVERY AND COLLECTION DOCUMENT

Document #: OPSLOG-01-01

Approval date: 22/10/2015

Rev 01

CONTROLLED DOCUMENT

PrionTex Representative Name: NEELE MITINGASignature: [Signature]Date & Time: 20-06-2015

Transporter / Courier name: _____

Representative Name: _____

Signature: _____

Date & Time: _____

"Received in good order and condition"

Address: _____

Tel No: _____

Customer: Light do CareRepresentative Name: ROSAWILESignature: [Signature]Date & Time: 22/06/2015

"Received in good order and condition"

Address: 24 Empire RoadTel No: 01710 7000

Revision number

Change requested by

Change

Implementation date