

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

JOHANNESBURG
☎ (011) 873-1212

CAPE TOWN
☎ (021) 934-8040

DURBAN
☎ (031) 702-0252

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

PORT ELIZABETH
☎ (041) 486-1092

NELSPRUIT
☎ (013) 758-2067

EAST LONDON
☎ (043) 736-6077

PROOF OF DELIVERY

DATE 25/05/18	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO. 3094023
----------------------	--------	-------	------------------	----------------------------

FOR ACCOUNT OF: ROVE ANALYTICS - PRION TEX ONE	ACCOUNT NO. NAF001
---	---------------------------

SENDER'S NAME AND ADDRESS BLOEMED MEDICAL SUPP. & SER		RECEIVERS NAME AND ADDRESS Pioneer Corporate Park North	
9 STEGEMAN STREET		313 Roan Crescent E1 493	
UNIVERSITAS, ELDERFONTEIN		Old Pretoria	
SENDER'S NAME:		CONTACT NAME:	
PHONE:		PHONE: 011 2375900	

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		
12	Boxes	Medical goods	54	54	50		132 kg

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

SENDER SIGNATURE: <i>Choyl</i> PRINT NAME: Choyl DATE: 25/05/18 TIME:	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE: <i>Philipp</i> PRINT NAME: Philipp DATE: 25/05/18 TIME: 14:40	DELIVERED BY SIGNATURE: <i>Philipp</i> PRINT NAME: Philipp DATE: 25/05/18 TIME: 10:32	RECIPIENT SIGNATURE: <i>Philipp</i> PRINT NAME: Philipp DATE: 25/05/18 TIME: 10:32	FOR OFFICE USE ONLY <table border="1"> <tr> <th>RATE</th> <th>CHARGE</th> <th>SURCHARGE</th> <th>DOCUMENT FEE</th> <th>V.A.T</th> <th>TOTAL</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </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