

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) 702-8218

PORT ELIZABETH

☎ (041) 486-1092

FAX (041) 486-1096

NELSPRUIT

☎ (013) 758-2067

FAX (013) 758-2068

EAST LONDON

☎ (043) 738 8077

FAX (043) 738-1424

PROOF OF DELIVERY

PJPNO3

| | | | | |
|---------------|------------|-----------|------------------|---------------------|
| DATE 05/08/16 | ORIGIN JHB | DEST. EFN | LINEHAUL VEHICLE | WAYBILL NO. 2092191 |
|---------------|------------|-----------|------------------|---------------------|

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

| | | | |
|--|--|--|--|
| SENDER'S NAME AND ADDRESS ROSE BROS - PRION TEX JHB | | RECEIVERS NAME AND ADDRESS 12 CAPP PROCIOR STRAAT | |
| 313 ROAN CRESCENT | | BRANDWAG | |
| NEDRAND | | BLOEMACHTEN | |
| SENDER'S NAME: Jucy | | CONTACT NAME: PIETER SMITS | |
| PHONE: 012315900 | | PHONE: 0826644460 | |

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 | | |
| 2 | Boxed | Buses only | 45 | 45 | 50 | | 52.6 |
| | | DEL # | | | | | |
| | | 2 | | | | | |
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SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

| | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|---------------------|--|--|--|
| SENDER SIGNATURE: Jucy PRINT NAME: Jucy DATE: 05/08/16 TIME: | | COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE: Victor PRINT NAME: Victor DATE: 05/08/16 TIME: | | DELIVERED BY SIGNATURE: PRINT NAME: DATE: 08/08/16 TIME: 11:00 | | RECIPIENT SIGNATURE: P. Smits PRINT NAME: P. Smits DATE: 08/08/16 TIME: 11:00 | | FOR OFFICE USE ONLY | | | |
| | | | | | | | | 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