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EMIT 287223

POD COPY

ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
		Laurien / Monica		Laurien / Monica		26/10/16	
SENDER (Your Name)		RECEIVER (Name)		TELEPHONE		TEL	
		Monica		011-804-3564			
COMPANY (Name)		COMPANY (Name)		TELEPHONE			
		Madison Advertising, Woodmead					
STREET ADDRESS (Dept./Floor)		STREET ADDRESS (Dept./Floor)		POSTAL CODE		POSTAL CODE	
		Woodmead, Oak Place, Ground Floor, Sandton		2199		2199	
CITY		SUBURB		CITY		SUBURB	
		JHB		Sandton			
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
1	PALLET (7 BOXES)	120	105	140		406	Y N
							INSURANCE VALUE
							SPECIAL INSTRUCTIONS
							COLLECTED BY:
							SIGNATURE: [Signature]
TEST WEIGHT (OFFICE USE)							DATE: 26/10/16 TIME: 16:00
SERVICES PLEASE SELECT SERVICE / IN BOX							
DOOR TO DOOR ECONOMY <input type="checkbox"/> DIRECT LOAD <input type="checkbox"/> AIR <input type="checkbox"/> SAME DAY <input type="checkbox"/> HAZARDOUS CARGO <input type="checkbox"/>							
OFFICE USE ONLY							
CHECKED IN	NAME	DATE	SIGN	OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)			
CHECKED OUT				SENDER'S SIGNATURE: [Signature] DATE: 26-10-16			
CHECKED IN				PRINT NAME: FRANKI TIME:			
CHECKED OUT				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
				RECEIVER'S SIGNATURE: [Signature] DATE: 28/10/16			
				PRINT NAME: Monica TIME: 11:20			

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES
YOUR ATTENTION IS DRAWN TO THE TERMS & CONDITIONS OF CARRIAGE ON THE REVERSE OF THIS WAYBILL