

PROOF OF DELIVERY

CAPE TOWN
15 Killarney Avenue
Killarney Gardens
Tel: (021) 557-5112
Fax: (021) 557-1321
Cell: 082 413 0185

DURBAN
Unit C, 100 Richard Carte Rd.
Jacobs
940 4110 • Fax: (031) 462 0513
Cell: 082 578 8477

FOR ACCOUNT OF:
(Postal Address:)

<input type="checkbox"/> ENVELOPE ATT	<input type="checkbox"/> ACCOUNT	<input type="checkbox"/> DEPOT TO DEPOT
<input type="checkbox"/> C.O.A. ATT	<input type="checkbox"/> PRE-PAID	<input type="checkbox"/> DOOR TO DOOR
<input type="checkbox"/> TREM CARD ATT	<input type="checkbox"/> C.O.D.	<input type="checkbox"/> DEPOT TO DOOR

RECEIVERS NAME AND ADDRESS: Mont Fable

24715th Rd Randolph
Medford

Gate 4, Sydney Rd
Umibilo DBN

SENDER'S REFERENCE:

CUSTOMER REFERENCE:

[illegible]

The transporter or his agent is not responsible for shortages or damages to inner contents to parcel / pallets. Attached documents will not be returned unless otherwise indicated by checking the box.

"All business undertaken is subject to our standard terms and conditions, a copy of which is set out on the reverse side hereof"...

Do you require insurance cover YES ☐ NO ☐
Insurance limited to R1,5 million on any one truck load.

**SIGN AND
RETURN
ATTACHED
DOCUMENT**

<u>Goods Despatched as Stated</u> <div style="border: 1px solid black; width: 100px; height: 50px; margin: 10px auto;"></div>				<u>Received by Consignee or his Agent in Good Order & Condition</u> Print Name: _____ Signature: _____ Date/Time: _____				TOTAL LOOSE ITEMS: 1 Bag TOTAL PALLETS: _____ GROSS WEIGHT: 20kg				
Sender's Authorised Signature/Date <div style="border: 1px solid black; width: 100px; height: 50px; margin: 10px auto;"></div>												
LEG	REC. NAME OF DRIVE/ ST/MAN	SIGN	DATE	TIME	DATE	LEG	REC. NAME OF DRIVE/ ST/MAN	SIGN	DATE	SHORT OVER		
1	SIP/18		21/12			3						
2	S.K. NO 2A					4						