



009939150003

WTL: NO 4510262705  
REG NO: 201720140017

|                                   |  |  |                |   |
|-----------------------------------|--|--|----------------|---|
| File No                           |  | Shipr  | Date           | Originator  |
| Sender's Reference Number         |  | Shipper's Reference Number                         |                | To (For plants/clients): ADDU<br>Their Phone Number: 031 256 1000 |
| Shipper (Full Name):              |  | Type of Goods:                                     |                | Country Name: SOUTH AFRICA  |
| Company Name:                     |  | Sender's Address (PO Box, Street, City, Province): |                |   |
| Sender's Address (PO Box/Street): |  | To (For plants/clients):                           |                |   |
| Date of Shipment:                 |  | Postal Code: 5147                                  | City: DOUGLTON | Postal Code:  |
| Country:                          |  | Country:   |                |   |

SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)

|  |  |          |               |
|--|--|----------|---------------|
| INTERNATIONAL - BUDGET (LIGHT) SLIPPERIES ONLY FOR THE FOLLOWING DESTINATIONS:   |  | Domestic | International |
| BOTSWANA <input type="checkbox"/> LESOTHO <input type="checkbox"/> SWAZILAND <input type="checkbox"/> MOZAMBIQUE <input type="checkbox"/> NAMIBIA <input type="checkbox"/> |  |          |               |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| INTERNATIONAL SERVICES                            |                                     | DOMESTIC SERVICES                                   |  |
| COURIER DOCUMENT EXPRESS <input type="checkbox"/> | REKAT <input type="checkbox"/>      | OVERNIGHT EXPRESS BY 10:00 <input type="checkbox"/> | SUBGET CARGO <input checked="" type="checkbox"/> |
| COURIER PARCEL EXPRESS <input type="checkbox"/>   | AIRFREIGHT <input type="checkbox"/> | OVERNIGHT BY 12:00 <input type="checkbox"/>         | SAME DAY EXPRESS <input type="checkbox"/>        |

| NO. OF PKGS                   | DESCRIPTION OF PACKAGING AND CONTENTS | DIMENSIONS (CENTIMETRES) |         |        | NO. OF PKGS. IN SET | NO. OF SETS IN PKG | FRICTION CHARGE |
|-------------------------------|---------------------------------------|--------------------------|---------|--------|---------------------|--------------------|-----------------|
|                               |                                       | LENGTH                   | BREADTH | HEIGHT |                     |                    |                 |
| 0                             | BOXES NB 3X                           | 40                       | 40      | 40     | 0                   | 0                  |                 |
| <p><b>Box BROKEN OPEN</b></p> |                                       |                          |         |        |                     |                    |                 |
|                               |                                       |                          |         |        |                     |                    |                 |
|                               |                                       |                          |         |        |                     |                    |                 |
|                               |                                       |                          |         |        |                     |                    |                 |
|                               |                                       |                          |         |        |                     |                    |                 |
|                               |                                       |                          |         |        |                     |                    |                 |
|                               |                                       |                          |         |        |                     |                    |                 |

|  |   |   |   |                     |
|--|---|---|---|---------------------|
| SATURDAY DELIVERY<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | SATURDAY DELIVERY<br>FOR DOMESTIC<br>SERVICES ONLY<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INSURANCE REQUIRED<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CARRIER<br>BY 8:30<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOTAL<br>INCL VAT R |
|--|---|---|---|---------------------|

|   |   |  |                |
|---|---|--|----------------|
| VENDOR'S SIGNATURE<br>(PRINT NAME)<br>DATE: 31/10 | FOR ALL<br>SIGNED AND<br>DATED<br>DATE: 31/10 | RECEIVED BY<br>(PRINT NAME)<br>DATE: 01/11 | PARCEL STICKER |
|---|---|--|----------------|