



HEAD OFFICE  
P O BOX 8807  
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**019911065534**

VAT REG NO 4510265798  
REG NO 2011/010443/07

File No \_\_\_\_\_ Origin **CPT** Date **16/07/18** Destination **JHB**

Shipper's Account Number <b>J17989</b>		Shipper's Reference Number		To (Recipients Name) <b>ZWELAKHE</b>		Their Phone Number <b>011 555 5140</b>	
Shipper (Your Name) <b>MAHMOOD</b>		Your Phone Number <b>021 442 4860</b>		Company Name <b>ATM SOLUTIONS</b>			
Company Name <b>ATM SOLUTIONS - UNIT 11B</b>				Street Address (P.O. Boxes are not deliverable) Dept/Floor <b>7 DELPHI STREET</b>			
Street Address (Dept/Floor) <b>11 WAVERLEY BUS/PARK, WYECROFT ROAD</b>				City <b>EASTGATE EXT 18</b>			
City <b>NOWARAY</b>		Postal Code <b>7700</b>		City <b>KELVIN, JHB</b>		Postal Code <b>2090</b>	
Country				Country			

**SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)**

<b>INTERNATIONAL - BUDGET FREIGHT SERVICES (ONLY FOR THE FOLLOWING DESTINATIONS)</b>				Customs Value		Insurance Value	
BOTSWANA <input type="checkbox"/> LESOTHO <input type="checkbox"/> SWAZILAND <input type="checkbox"/> MOZAMBIQUE <input type="checkbox"/> NAMIBIA <input type="checkbox"/>							

<b>INTERNATIONAL SERVICES</b>				<b>DOMESTIC SERVICES</b>			
COURIER DOCUMENT EXPRESS <input type="checkbox"/>		REMAIL <input type="checkbox"/>		OVERNIGHT EXPRESS BY 10H30 <input type="checkbox"/>		BUDGET CARGO <input checked="" type="checkbox"/>	
COURIER PARCEL EXPRESS <input type="checkbox"/>		AIRFREIGHT <input type="checkbox"/>		OVERNIGHT BY 13H00 <input type="checkbox"/>		SAME DAY EXPRESS <input type="checkbox"/>	

NO. OF PKGS	DESCRIPTION OF PACKING AND CONTENTS	DIMENSIONS (CENTIMETRES)			VOL. WEIGHT Kg's	ACTUAL WEIGHT Kg's	FREIGHT CHARGE	FUEL SURCHARGE	OTHER	INSURANCE	SAME DAY SURCHARGE	TOTAL EXCL VAT	VAT
		LENGTH	BREATH	HEIGHT									
14	SPARCS					10.5							
1	SPARCS					13.5							

HAZARDOUS CARGO? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SATURDAY DELIVERY FOR DOMESTIC SERVICES ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSURANCE REQUIRED ABOVE R1000? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DELIVERY BY 8 30 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TOTAL INCL VAT R
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WE HAVE SEEN AND AGREE TO THE STANDARD CONDITIONS OF CARRIAGE OF SKYNET WORLDWIDE EXPRESS SIGNATURE PRINT NAME <b>MAHAMOOD</b>		RECEIVED BY SKYNET WORLDWIDE EXPRESS SIGNATURE DATE <b>16/07/18</b> TIME		RECEIVED IN GOOD ORDER AND CONDITION CONSIGNEE SIGNATURE PRINT NAME <b>Johannes</b> DATE <b>18/07</b> TIME <b>11:55</b>		<b>PARCEL STICKERS</b>
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