CARGOWORKS

CO. REG. No. 2012/075135/07 VAT REG NO. 4430138760

JOHANNESBURG ☎ (011) 873-1212 FAX (011) 873-0715

CAPE TOWN ☎ (021) 934-8040 FAX (021) 934-8030

DURBAN ☎ (031) 702-0252 FAX (031) 702-6218

PORT ELIZABETH ☎ (041) 486-1092 FAX (041) 486-1096

NELSPRUIT ☎ (013) 758-2067 FAX (013) 758-2068

EAST LONDON ☎ (043) 736 6077 FAX (043) 736-1424

P.O. BOX 8876, EDENGLEN 1610
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B/L

PROOF OF DELIVERY

DATE	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO. 2164624

FOR ACCOUNT OF: (POSTAL ADDRESS)

ACCOUNT NO.

SENDERS NAME AND ADDRESS	RECEIVERS NAME AND ADDRESS
PRIONTEK. 35 LESTER RD, WYNBERG CAPE TOWN	PRIONTEK MICRON CLOTH R'01 OLD PRETORIA RD, SASOL CORP PARK NORTH, ROAD CARGO RANDFONTEIN
SENDERS NAME: SHAMIL PHONE:	POSTAL CODE: CONTACT NAME: DYLAN HILL PHONE: 083 449 6799

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

PLEASE USE BALLPOINT PEN AND PRESS HARD

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM) L	B	H	VOLUME WEIGHT	ACTUAL MASS KG
1	Box	(12) x	45	45	51		288 kg
		CHP					

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT
SIGNATURE:	Goods correctly packed: YES NO		SIGNATURE:
PRINT NAME: SHAMIL	PRINT NAME:	PRINT NAME:	PRINT NAME:
DATE: TIME:	DATE: 4/1/16 TIME:	DATE: 06/01/16 TIME:	DATE: 06/01/16 TIME: 09:47

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PROOF OF DELIVERY

PJEC04. B/L

DATE	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO.
04/01/16	JHB	EL	H29	2050280

FOR ACCOUNT OF: (POSTAL ADDRESS)

ACCOUNT NO.

SENDERS NAME AND ADDRESS	RECEIVERS NAME AND ADDRESS
	ST DOMINICS
	47 SUMMIT ROAD. BEACON BAY
	POSTAL CODE: EAST LONDON
SENDERS NAME: CARLA PHONE: 011 237 5900	CONTACT NAME: DEBBIE SLATTERY PHONE: 082 343 3856

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) L	B	H	VOLUME WEIGHT	ACTUAL MASS KG
1 ✓	BOXED	BOXES	46	46	50		12 kg
1 ✓	WRAPPED	BOXES	90	24	97		25 kg

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT
SIGNATURE:	Goods correctly packed: YES NO		SIGNATURE:
PRINT NAME: ERNEST.	PRINT NAME:	PRINT NAME: Cuyanda	PRINT NAME: CYNTHIA
DATE: 04/01/16 TIME:	DATE: 04/01/16 TIME:	DATE: 6/1 TIME:	DATE: 06/01/16 TIME:

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PROOF OF DELIVERY

PJEC04

DATE	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO.
04/01/15	JHB	CT	201	2856292

FOR ACCOUNT OF: (POSTAL ADDRESS)

ACCOUNT NO. MAR001

SENDERS NAME AND ADDRESS	RECEIVERS NAME AND ADDRESS
MOVE ANALYTICS - PRION TEX JHB	PRIONTEX
313 ROAN CRESCENT	36 LESTER ROAD. WYNBERG.
MIDRAND	CAPE TOWN POSTAL CODE:
SENDERS NAME: CARLA PHONE: 0112375900	CONTACT NAME: JULIE PHONE: 021 797 1878

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) L	B	H	VOLUME WEIGHT	ACTUAL MASS KG
3	BOXED	BOXES	40	40	55		67 kg
2	BOXED	BOXES	60	40	55		54kg

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT
SIGNATURE:	Goods correctly packed: YES NO		SIGNATURE:
PRINT NAME: ERNEST	PRINT NAME: Brian	PRINT NAME:	PRINT NAME: Sabas Brian
DATE: 04-12-15 TIME: 15:39	DATE: 04/01/15 TIME:	DATE: 1/11/16 TIME:	DATE: 06/01/16 TIME:

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PROOF OF DELIVERY

PTPN03

DATE 05/01/16 ORIGIN JHB DEST. DBN LINEHAUL VEHICLE B7 WAYBILL NO. 2356293

ACCOUNT NO. MAP001

FOR ACCOUNT OF: (POSTAL ADDRESS)

SENDERS NAME AND ADDRESS	RECEIVERS NAME AND ADDRESS
MOVE ANALYTICS - PRION TEX JHB	ENTARENI
313 ROAN CRESCENT	148 MAZIZI KUNENE, SOUTH RIDGE RD POSTAL CODE:
MIDRAND	BEREA, DURBAN PHONE:
SENDERS NAME: PETER PHONE: 011 237 5900	CONTACT NAME: VAL/MICHEL

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

PLEASE USE BALLPOINT PEN AND PRESS HARD

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM) L	B	H	VOLUME WEIGHT	ACTUAL MASS KG
04	BOXED	BOXES ONLY (4)	45	45	50		68kg
		DEL NOTE; 34757-0					
		33917-1					
		04 BOXES					

CHARGEABLE WEIGHT 68kg

SPECIAL INSTRUCTIONS:

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT
SIGNATURE:	Goods correctly packed: YES NO		SIGNATURE:
PETER PRINT NAME:	AZIEL PRINT NAME:	Sya PRINT NAME:	8w80 PRINT NAME:
05/01/16 DATE: TIME:	05-01-16 DATE: TIME:	6/1/16 DATE: TIME:	06/1/16 DATE: 8h00 TIME:

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IN 933715

PrionTex

Aregee Investments No.104 (Pty) Ltd t/a Priontex MicronClean, Reg No: 2005/001557/07 Vat no: 4020241651
Sage Corporate Park North, Randjiesfontein- Tel +27 (011) 237 5900 - Fax +27 (011) 237 5912
info@priontex.com - www.priontex.com

Entabeni Hospital

Delivery Note Number: 33917-1

Order Number: 208152459M
Document Date: 30 December 2015

Print Date: 30 December 2015 11:03:05AM

Deliver To:

148 Mazisi Kunene (South Ridge Road),
Berea, Durban 4001

Description	Code	Ordered	Supplied	Back Ordere
HP BARRIER GOWN XL	100HPB000-XL	52	52	0
Linen Bag Zip Linen Bag	PD126-LNB	0	3	0
Linen Bag Linen Bag	ZR00-LNB	0	1	0

GOODS UNCHECKED
ENTABENI HOSPITAL
ENTABENI PHARMACY
148 SOUTH RIDGE ROAD
DURBAN, 4001

	Total	52.00	56.00	0.00

Received In Good Order By:

Print: Sonto Sign: Date: 06/01/16

For PriontexMicronClean:

Print: Sign: Date:

IN 933775

PrionTex

Aregee Investments No.104 (Pty) Ltd t/a Priontex MicronClean, Reg No: 2005/001557/07 Vat no: 4020241651
Sage Corporate Park North, Randjiesfontein- Tel +27 (011) 237 5900 - Fax +27 (011) 237 5912
info@priontex.com - www.priontex.com

Entabeni Hospital

Delivery Note Number: 33917-1

Order Number: 208152459M
Document Date: 30 December 2015

Print Date: 30 December 2015 11:03:05AM

Deliver To:

148 Mazisi Kunene (South Ridge Road),
Berea, Durban 4001

Description	Code	Ordered	Supplied	Back Ordere
HP BARRIER GOWN XL	100HPB000-XL	52	52	0
Linen Bag Zip Linen Bag	PD126-LNB	0	3	0
Linen Bag Linen Bag	ZR00-LNB	0	1	0

GOODS UNCHECKED :
ENTABENI HOSPITAL
ENTABENI PHARMACY
148 SOUTH RIDGE ROAD
DURBAN, 4001

	Total	52.00	56.00	0.00

Received In Good Order By:

Print: Sibo Sign: Date: 06/1/16

For PriontexMicronClean:

Print: Jacy Sign: Date: 30/12/15

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FAX (011) 873-0715	FAX (021) 934-8030	FAX (031) 702-6218
PORT ELIZABETH	**NELSPRUIT**	**EAST LONDON**
☎ (041) 486-1092	☎ (013) 758-2067	☎ (043) 736 6077
FAX (041) 486-1096	FAX (013) 758-2068	FAX (043) 736-1424

23

PROOF OF DELIVERY

DATE	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO.
06/01/2016	JHB	CPT	1208	2856296

FOR ACCOUNT OF: (POSTAL ADDRESS)

ACCOUNT NO. MAR001

SENDERS NAME AND ADDRESS	RECEIVERS NAME AND ADDRESS
MOVE ANALYTICS - PRION TEX JHB	35 LESTER ROAD
313 ROAN CRESCENT	Wynberg
MIDRAND	POSTAL CODE: CAPE TOWN 7800
SENDERS NAME: Lesley **PHONE:** 011 237 5900	**CONTACT NAME:** Shamil Bagg **PHONE:** 021 797 1878

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

PLEASE USE BALLPOINT PEN AND PRESS HARD

QTY PACKS	PACKAGING	CONTENTS		DIMENSIONS (CM) L	B	H	VOLUME WEIGHT	ACTUAL MASS KG
5x1	Boxes	STERI REEL 380x200M	(5)	42	23	42		19 kg
11x1	Boxes	STERI REEL 300x200M	(11)	42	23	31		14 kg
3x1	Boxes	INSERT : HAHN 3cm	(3)	37	45	10		9 kg
1x1	Boxes	BOWIE DICK Indicators	(1)	37	40	10		14 kg
2x1	Box	Eurotape 4CM x100	(2)	51	51	23		23 kg
1x1	Boxes	Eurotape	(1)	27	27	23		2 kg

SPECIAL INSTRUCTIONS: (23 Boxes)

CHARGEABLE WEIGHT 81 kg

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT
Lesley SIGNATURE:	Goods correctly packed: YES NO		SIGNATURE:
PRINT NAME:	Brian PRINT NAME:	PRINT NAME:	PRINT NAME:
06/01/16 DATE: TIME:	06/01/16 DATE: TIME:	8/1/16 DATE: TIME:	06/01/16 DATE: TIME:

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(P) F/L

PROOF OF DELIVERY

DATE 4/1/16	ORIGIN DBN	DEST. JHB	LINEHAUL VEHICLE	WAYBILL NO. 2870890

FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.

SENDERS NAME AND ADDRESS	RECEIVERS NAME AND ADDRESS
Life ENTABENI HOSPITAL	
148 Main, KUNENE Road	Prioritex
	JHB Central POSTAL CODE:
SENDERS NAME: Mr Ime PHONE: 021 2041360	CONTACT NAME: PHONE:

PLEASE USE BALLPOINT PEN AND PRESS HARD

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) L	B	H	VOLUME WEIGHT	ACTUAL MASS KG
6	Boxes		54	38	40		23 kg
4			30	28	58		18 kg
			48	36	28		36 kg

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT 77 kg

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT
SIGNATURE:	Goods correctly packed: YES NO		SIGNATURE:
PRINT NAME: Mr Ime	PRINT NAME: N. Ntombo	PRINT NAME: Elvis	PRINT NAME: Hendrick
DATE: TIME:	DATE: 04/01/16 TIME:	DATE: 05/01/16 TIME:	DATE: 05/01/16 TIME:

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PROOF OF DELIVERY

DATE	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO.
06-1-16	DbN	Jhb		2870891

FOR ACCOUNT OF: (POSTAL ADDRESS)

ACCOUNT NO.

SENDERS NAME AND ADDRESS	RECEIVERS NAME AND ADDRESS
LIFE ENTABENI HOSPITAL	
148 South Ridge Road	Priontex
	J.H.B POSTAL CODE:
SENDERS NAME: Hlophe Israel PHONE: (031) 2061360	CONTACT NAME: PHONE:

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) L	B	H	VOLUME WEIGHT	ACTUAL MASS KG
1	Box	Soiled Gowns	50	38	43		14kg

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT
H. Israel SIGNATURE:	Goods correctly packed: YES NO		SIGNATURE:
Hlophe Israel PRINT NAME:	N. Ngcobo PRINT NAME:	PRINT NAME:	PRINT NAME:
6-1-16 DATE: 07h20 TIME:	06/01/16 DATE: TIME:	07/01/16 DATE: TIME:	07/01/16 DATE: 10h1 TIME:

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PROOF OF DELIVERY

DATE	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO.
07.01.16	DBN	JHB		2870892

FOR ACCOUNT OF: (POSTAL ADDRESS) — ACCOUNT NO.

SENDERS NAME AND ADDRESS	RECEIVERS NAME AND ADDRESS
148 South RIDGE Road	
LIFE ENTABENI Hospital	PRIONtex
	JHB POSTAL CODE:
SENDERS NAME: Hlophe Israel PHONE: (031) 204 1360	CONTACT NAME: PHONE:

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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) L	B	H	VOLUME WEIGHT	ACTUAL MASS KG
1	Box	Soiled Gowns	51	39	58		

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT 110 kg

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT
H. Israel... SIGNATURE:	Goods correctly packed: YES NO		SIGNATURE:
Hlophe Israel PRINT NAME:	N. Ngcobo PRINT NAME:	Brian PRINT NAME:	PRINT NAME:
07/01/16 DATE: 07h00 TIME:	07/01/16 DATE: TIME:	08/01/16 DATE: TIME:	08/01/16 DATE: TIME:

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	SURCHARGE		
	DOCUMENT FEE		
	V.A.T		
	TOTAL		