

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

P.O. BOX 8876, EDENGLLEN 1610
www.cargoworks.co.za

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

PROOF OF DELIVERY

DATE 26/10/14 ORIGIN JHB DEST. CT LINEHAUL VEHICLE SUB WAYBILL NO. 2941819

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

SENDERS NAME AND ADDRESS: ATM SOLUTIONS JHB RECEIVERS NAME AND ADDRESS: ATM SOLUTIONS CAPE TOWN

7 DELPHI STREET HOLD FOR COLLECTION

EAST GATE EXT 18 @ DEPOT POSTAL CODE: _____

SENDERS NAME: DEBRA OLSSSEN PHONE: 011 555 9167 CONTACT NAME: RYDEEN PHONE: 083 600 5980

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)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	WRAPPED	RL5000 FILM	48	80	16.7		2480K
1	WRAPPED	HORIZONTAL FASCIA	161	67	3		42.5K

SPECIAL INSTRUCTIONS: Easy Cash / Thembalethu 2/ CHARGEABLE WEIGHT _____

<p>SENDER</p> <p><u>Debra Olssen</u> SIGNATURE</p> <p><u>Debra Olssen</u> PRINT NAME</p> <p><u>26/10/14</u> DATE</p>	<p>COLLECTED BY</p> <p>Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>Debra Olssen</u> PRINT NAME</p> <p><u>26/10/14</u> DATE</p>	<p>DELIVERED BY</p> <p><u>Clive</u> SIGNATURE</p> <p><u>Clive</u> PRINT NAME</p> <p><u>2/11/15</u> DATE</p>	<p>RECIPIENT</p> <p><u>Clive</u> SIGNATURE</p> <p><u>Clive</u> PRINT NAME</p> <p><u>2/11/15</u> DATE</p>	<p>FOR OFFICE USE ONLY</p> <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				V.A.T				TOTAL			
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By your signature, you confirm that you have read the Conditions of Consignment on the back of this document and that you agree to be bound by all the Conditions.

PLEASE USE BALLPOINT PEN AND PRESS HARD