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PROOF OF DELIVERY

LINEHAUL VEHICLE 3305004 ORIGIN DEST. WAYBILL NO. DATE FOR ACCOUNT OF: ACCOUNT NO. RECEIVERS NAME AND ADDRESS SENDERS NAME AND ADDRESS PLEASE USE BALLPOINT PEN AND PRESS HARD POSTAL CODE: PHONE: PHONE: **CONTACT NAME:** SENDERS NAME: NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED. NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES. VOLUME ACTUAL MASS QTY PAČKS DIMENSIONS (CM) PACKAGING CONTENTS WEIGHT KG В CRATE (4 55 126 47 (4 124 96 200 \bigcirc 190 80 60 (1)124 96 200 (3) 90 88 177 51 46 REF W/B 3280594 **CHARGEABLE** SPECIAL INSTRUCTIONS: 370 WEIGHT FOR OFFICE USE ONLY **DELIVERED BY** RECIDIENT SENDER **COLLECTED BY** Goods correctly packed: RATE NO YES CHARGE SURCHARGE althue DOCUMENT PRINT NAME: PRINT NAME: FEE V.A.T 26/02/19 DATE: TIME: DATE: **TOTAL** your signature, you confirm that you have read the Conditions of Consignment on the back of this document and that you agree to be be