WHITE AREAS TO BE COMPLETED IN FULL

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ACCOUNT NO. TO BE BILLED	11978	NOTE: THE SENDI LIABLE FO	R SHALL REMAIN R PAYMENT	SHIPPEF REFERE	R'S NCE L14	1123+1	-141132	NOTE: P.O. BOX ADDRESSES NOT ACCEPTED	
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Suburb	342 MAIN ROAD			Suburb		oworks Me: com Rd	simead	······································	
City/Town	BRYANSTON JOHANNESBURG	;	2191	City/Town		TMEAD · · · · TOVM		3600	
Contact Lusindis	50	Tel. 011 463	1000	Contact	. (EMILE	Tel.		
E-mail				E-mail			Ø=	12 461 1873	
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INSURANCE: (PLE/						*		DATE	
REQUIRED V DE	CLARED R 21434,62	DECLINED	1 20	3 40	45		SIGNATURE	TIME	
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OWNERS RISK WILL APPLY COMPLETED BY	Y IF THIS INSURANCE SECTION IS PAR	O8-03-24					NAME SIGNATURE	DATE	
DIMEN							CONFIRMED SECURITY PACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION ID		

PLEASE NOTE: TERMS ARE STRICTLY 30 DAYS. I AGREE TO BE BOUND BY THE STANDARD CONDITIONS OF CARRIAGE WHICH APPEAR ON THE REVERSE SIDE OF THIS DOCUMENT