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SENDER (Your Name)		(857.5.7.4.)	TEL		RECEIVER (Name) MBALI VEZI			/ 011 784 0301	
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			VAT; 4160 TEL: 011)1730cn				SIGNATURE	" HRIC
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OFFICE L	JSE ONLY	NAME	DATE	SIGN	OUR SIGNATU TERMS AND C	IRE ACKNOWLEDGES CONDITIONS OF CARE	WE HAVE SEEN AND BAGE (SEE REVERSE)	UNDESTOOD AND AGRE	
CHECKED IN		Louis 31.	US 31-10:16		Senders signature: DATE 31-10-16				
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	<u>⊢</u>				——— HECEIVER'S S	HONAI UNC			

YOU ACKNOWLEDGE THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.