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EMIT 325472

ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
SENDER (Your Name) NGELE MIZINGA		TEL 011 237 5900		RECEIVER (Name) MRA MANUEL			
COMPANY (Name) PRIONTEX Micronclean Gauteng				COMPANY (Name) WESTERN CAPE - NON-PHARM DEPC			
STREET ADDRESS CORPORATE PARK North (Dept./Floor) 313 Roan Crescent, etc				STREET ADDRESS 16 CHIAPPINI STREET (Dept./Floor)			
493, Randjes Park East OFF R101 old Pickering		POSTAL CODE		Capetown		POSTAL CODE 8001	
CITY JHB		SUBURB Randjes Park		CITY CAPE TOWN		SUBURB CPT	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
115	MC KITS	40	40	55	1794	1794	
1	MC KITS	40	40	55	10kg	10kg	
TOTAL 116 BOXES							
TEST WEIGHT (OFFICE USE)				PLEASE		1805kg	
SERVICES PLEASE SELECT SERVICE / IN BOX							
DOOR TO DOOR ECONOMY <input type="checkbox"/>		DIRECT LOAD <input type="checkbox"/>		AIR <input checked="" type="checkbox"/>		SAME DAY <input type="checkbox"/>	
HAZARDOUS CARGO <input type="checkbox"/>							
OFFICE USE ONLY		NAME	DATE	SIGN	OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)		
CHECKED IN	<i>[Signature]</i>	<i>Stam</i>	<i>21/09/16</i>	<i>MJS</i>	SENDER'S SIGNATURE: <i>[Signature]</i> DATE: _____		
CHECKED OUT	<i>[Signature]</i>				PRINT NAME: NGELE MIZINGA TIME: _____		
CHECKED IN					PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION		
CHECKED OUT	<i>[Signature]</i>	<i>Kule</i>	<i>28-09-16</i>	<i>[Signature]</i>	RECEIVER'S SIGNATURE: <i>[Signature]</i> DATE: <i>26/09/16</i>		
					PRINT NAME: _____ TIME: _____		

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES.
WE DRAW YOUR ATTENTION TO THE SUMMARISED VERSION OF OUR TERMS & CONDITIONS AS ACCEPTED BY YOU ON THE REVERSE OF OUR WAYBILL.
YOU ACKNOWLEDGE THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.