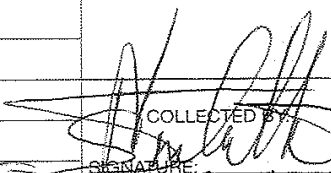
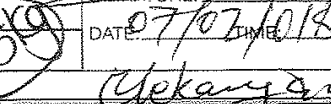



Port Elizabeth
Unit 10, Aldo Business Park
Gate 2, Greenbushes Industrial Park
Old Cape Road, Greenbushes
Tel: +27 41 372 1193



EMIT 1483604

ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
SENDER (Your Name) TIOY		TEL (011) 2375900		RECEIVER (Name) MARELLS		TEL (051) 5055430	
COMPANY (Name) PROINTEX IHB				COMPANY (Name) LIFE ROSEPARIC HOSPITAL			
STREET ADDRESS (Dept./Floor) 313 ROAN CRESCENT				STREET ADDRESS (Dept./Floor) 57 GUSTAV CRES			
MIDRAND		POSTAL CODE		BLOEMFONTEIN		POSTAL CODE	
CITY		SUBURB		CITY		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
01	BOXED	45	45	50		15 K	9
	DEL NOTE - 55583 - 0						
	01 BOX						
TEST WEIGHT (OFFICE USE)				COLLECTED BY:  SIGNATURE:  DATE: 07/02/18 TIME: 18:00			
SERVICES PLEASE SELECT SERVICE / IN BOX DOOR TO DOOR ECONOMY <input checked="" type="checkbox"/> DIRECT LOAD <input type="checkbox"/> AIR <input 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) SENDER'S SIGNATURE: MEJOT E DATE: 07-02-2018 PRINT NAME: TIOY TIME: 18:00 PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION RECEIVER'S SIGNATURE: Relofeka DATE: 10:14 PRINT NAME: Ela TIME: 09/02/18			
CHECKED IN	W. SEMAN	07.02.18					
CHECKED OUT							
CHECKED IN							
CHECKED OUT							

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.