OPTIMUS



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· · · · · · · · · · · · · · · · · · ·		ACCOUNT NUMBER C		CI	LIENT REFERENCE		OFFICE REFERENCE DAT		DATE	
SENDER (Your Name)			EL RECEIVER (Name)		PAIRILIA NUAGA		911 546 6316			
COMPANY (Name)	, le cresti	SOMERSEY V			COMPANY (Name)					
STREET AL (Dept./Floo		PARK VE IMDUSTRI			STREET ADDRE	SS SHOP	100 KILL A ROAD	RAEY MALL		
			POSTAL CODE		HOUSETON			POSTAL CODE		
CITY		SUBURB	RB 7130		CITY	Kessburg -	SUBURB			
NO OF PACKAGES	DESCRIPTION	OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INS	STRUCTIONS	
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			MAIL: KIN		#Ureuset.co	.za	,	SIGNATURE		
TEST W	VEIGHT (OFFIC	E USE)			- h. d. f. min.		65/68	DATE: 74 10	©TIME:	
			SERVICES PLEA	SE SELE	CT SERVICE /	IN BOX	102.00			
DOOR TO DOOR DIRECT LOAD				AIR		SAME DAY		HAZARDOUS CARGO		
OFFICE!	USE ONLY N	AME	DATE	SIGN	OUR SIGNATI TERMS AND	URE ACKNOWLEDGES CONDITIONS OF CARE	WE HAVE SEEN AND RIAGE (SEE REVERSE)	UNDESTOOD AND AGRE		
CHECKED IN	ø\$	CAR 24	lidib		SENDERS SIG	NATURE:	<u> </u>	DATE 24	10-16	
CHECKED OUT Jay 24			10/16 (C	10/16 PRINT NAME PROOF OF DELIVERY REC			VED IN GOOD, ORDER & CONDITION			
CHECKED IN					RECEIVER'S	λl	Q/ - ·	-	0/10/26	
CHECKED OU	т .			-		Nomsa	7	(2:3	50	