

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

P.O. BOX 8876, EDENGLLEN 1610
www.cargoworks.co.za

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☎ (011) 873-1212
FAX (011) 873-0715

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FAX (021) 934-8030

DURBAN
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FAX (031) 702-6218

PORT ELIZABETH
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FAX (041) 486-1096

NELSPRUIT
☎ (013) 758-2067
FAX (013) 758-2068

EAST LONDON
☎ (043) 736 6077
FAX (043) 736-1424

PROOF OF DELIVERY

DATE <u>08/12/15</u>	ORIGIN <u>JHB</u>	DEST. <u>CT</u>	LINEHAUL VEHICLE <u>H30</u>	WAYBILL NO. <u>2825242</u>
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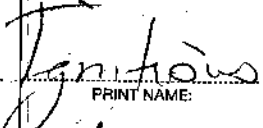
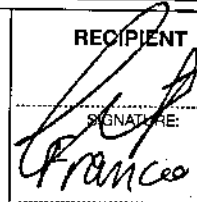
FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS <u>ATM SOLUTIONS JHB</u> <u>7 DELPHI STREET</u> <u>EASTGATE EXT 18</u>		RECEIVERS NAME AND ADDRESS <u>ATM SOLUTIONS CAPE TOWN</u> <u>HOLD FOR COLLECTION</u> <u>@ DEPOT</u>	
SENDER'S NAME: <u>DEBEA</u>	PHONE: <u>011 555 9167</u>	CONTACT NAME: <u>RYDEEN</u>	PHONE: <u>083 600 5980</u>

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM) L B H			VOLUME WEIGHT	ACTUAL MASS KG
1 ✓	WRAPPED	PL 5000 FILM	49	104	155		478
1 ✓	WRAPPED	HORIZONTAL FASEIN	161	61	U		112

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT
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SENDER  SIGNATURE: <u>DEBEA</u> PRINT NAME: <u>08/12/15</u> DATE:	COLLECTED BY Goods correctly packed: ☒ YES ☐ NO  PRINT NAME: <u>08/12/15 13H45</u> DATE:	DELIVERED BY PRINT NAME: DATE:	RECIPIENT  SIGNATURE: <u>FRANCO</u> PRINT NAME: <u>10/12/15 10:50</u> DATE:	FOR OFFICE USE ONLY <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				V.A.T				TOTAL			
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By your signature, you confirm that you have read the Conditions of Consignment on the back of this document and that you agree to be bound by all the Conditions.

PLEASE USE BALLPOINT PEN AND PRESS HARD

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PROOF OF DELIVERY

DATE: 08/12/15	ORIGIN: JHB	DEST: DBN	LINEHAUL VEHICLE: F1	WAYBILL NO. 2825243
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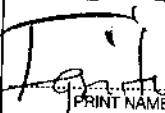
FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDERS NAME AND ADDRESS ATM SOLUTIONS JHB 7 DELPHI STREET EASTGATE EXT 18		RECEIVERS NAME AND ADDRESS ATM SOLUTIONS DURBAN HOLD FOR COLLECTION @ DEPOT	
SENDERS NAME: DEBRA DU SSS 9167	PHONE: 083 6000052	CONTACT NAME: NASHEN	PHONE: 083 6000052

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NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	WRAPPED	PL5000 FIM	1149	104	155		478
2	WRAPPED	HORIZONTAL FASCIA	161	61	4		24
COLLECTED AT DURBAN DEPOT							

SPECIAL INSTRUCTIONS: KENNEDY SUPERMARKET	CHARGEABLE WEIGHT
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SENDER  SIGNATURE: DEBRA PRINT NAME: 08/12/15 DATE:	COLLECTED BY Goods correctly packed: ☒ YES ☐ NO  PRINT NAME: 08/12/15 DATE:	DELIVERED BY PRINT NAME: DATE:	RECIPIENT  SIGNATURE: WILLIAM PRINT NAME: 9/12/15 14h00 DATE:	FOR OFFICE USE ONLY <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				V.A.T				TOTAL			
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DURBAN

(031) 702-0252

FAX (031) 702-6218

DATE 10-12-15	ORIGIN JHB	DEST. P.E.	LINEHAUL VEHICLE	WAYBILL NO. 2082601
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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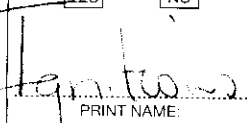
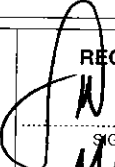
SENDERS NAME AND ADDRESS ADM 224012015 (JHB)		RECEIVERS NAME AND ADDRESS ADM 224012015 (P.E.)	
7 DELPHI STREET		7A 2nd Avenue	
60559092 228. 18		NEWBOLD ROAD	
SENDERS NAME: 6010588 PHONE: 531-5491		CONTACT NAME: MPL6160 PHONE: 283 621 1450	

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	WRAPPED	Pallet 60-141x350	215	124	85		
1	WRAPPED	SIL 2/m	63	41	27		217
1	WRAPPED	Horizontal fascio	161	61	0		

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

SENDER  SIGNATURE: Reinette PRINT NAME: 10-12-15 DATE:		COLLECTED BY Goods correctly packed: ☒ YES ☐ NO  PRINT NAME: 10/12/15 127 DATE:		DELIVERED BY PRINT NAME: DATE:		RECIPIENT  SIGNATURE: M. M. M. PRINT NAME: 10/12 DATE:		FOR OFFICE USE ONLY <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> </tr> </table>				RATE				CHARGE				SURCHARGE				DOCUMENT FEE				V.A.T				TOTAL			
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EAST LONDON
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FAX (043) 736-1424

PROOF OF DELIVERY

DATE <u>29/12/15</u>	ORIGIN <u>JNB</u>	DEST. <u>P.E.</u>	LINEHAUL VEHICLE	WAYBILL NO. <u>2032005</u>
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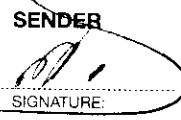
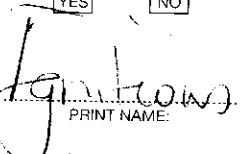
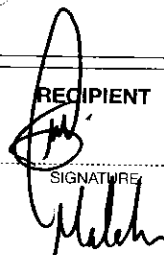
FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDERS NAME AND ADDRESS <u>ATM SOLUTIONS (JNB)</u> <u>7 DELPHI STREET</u> <u>EASTGATE CRT. 18</u>		RECEIVERS NAME AND ADDRESS <u>ATM SOLUTIONS (P.E.)</u> <u>75 2nd Avenue</u> <u>NEXTON PARK P.O.</u>	
SENDERS NAME: <u>Deirdre</u>	PHONE: <u>531-5491</u>	CONTACT NAME: <u>PLACOLM</u>	PHONE: <u>283 601 1452</u>

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	HEAPP	RL 2000 RLM	49	50	155		450

SPECIAL INSTRUCTIONS: <u>DELIVER TO DOOR NICKS</u>	CHARGEABLE WEIGHT
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SENDER  SIGNATURE: <u>Deirdre</u> PRINT NAME: <u>29/12/15</u> DATE:	COLLECTED BY Goods correctly packed: ☒ YES ☐ NO  SIGNATURE: <u>Deirdre</u> PRINT NAME: <u>29/12/15 - 14/37</u> DATE:	DELIVERED BY PRINT NAME: DATE:	RECIPIENT  SIGNATURE: <u>Placolm</u> PRINT NAME: <u>14/2</u> DATE:	FOR OFFICE USE ONLY <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				V.A.T				TOTAL			
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(043) 736 6077

FAX (043) 736-1424

PROOF OF DELIVERY

DATE 04/12/15	ORIGIN PC	DEST. JHB	LINEHAUL VEHICLE	WAYBILL NO. 2869499
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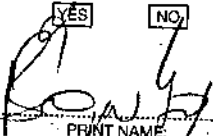
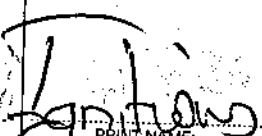
FOR ACCOUNT OF: (POSTAL ADDRESS) ATM SSI	ACCOUNT NO. MAA001
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SENDER'S NAME AND ADDRESS 75 2nd Avenue Newton Park Port Elizabeth		RECEIVERS NAME AND ADDRESS Delphi Street Eastgate Ext 18 JHB	
SENDER'S NAME: Eugene	PHONE: 083 6000338	CONTACT NAME: Zwelakhe	PHONE: 2090 04 5555 146

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QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
4	Boxes	Faulty Spares	81	39	66	21	200
1	Box	"	79	35	63	1	
3	Boxes	"	36	25	52	3	
						167	

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT 250
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SENDER  SIGNATURE: Eugene PRINT NAME: 04/12/15 15:00 DATE: TIME:	COLLECTED BY Goods correctly packed: ☒ YES ☐ NO  PRINT NAME: 04/12/15 15:00 DATE: TIME:	DELIVERED BY  PRINT NAME: 04/12/15 15:00 DATE: TIME:	RECIPIENT  SIGNATURE: Debra PRINT NAME: 07/10/15 DATE: TIME:	FOR OFFICE USE ONLY <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				V.A.T				TOTAL			
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PROOF OF DELIVERY

DATE	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO. 2876299
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDERS NAME AND ADDRESS WORCESTER SKILLITERS	RECEIVERS NAME AND ADDRESS A.T.M SOLUTIONS
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90 CARGOWORKS CPT. SENDERS NAME: PHONE:		JHB. CONTACT NAME: PHONE:	
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QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
	X 2	ATMS	800	500	1400		550
		1X PHILLIP ABUTHU TRAVEL	80	50	140 (2)		5050
		1X EX GEORGE TOTAL COUNTRY					452

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

957

SENDER SIGNATURE: W9EWO PRINT NAME: DATE: 14/12/15 TIME: 13:30	COLLECTED BY Goods correctly packed: ☒ YES ☐ NO EZU'S PRINT NAME: DATE: 14/12/15 TIME: 13:48	DELIVERED BY George PRINT NAME: DATE: 17/12/15 TIME: 13:38	RECIPIENT SIGNATURE: George PRINT NAME: DATE: 17/12/15 TIME: 13:38	FOR OFFICE USE ONLY <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				V.A.T				TOTAL			
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PROOF OF DELIVERY

DATE <u>15/12/15</u>	ORIGIN <u>PLZ</u>	DEST. <u>JHB</u>	LINEHAUL VEHICLE	WAYBILL NO. <u>2880814</u>
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS <u>Am Solutions PE.</u>		RECEIVERS NAME AND ADDRESS <u>Am Solutions JHB</u> <u>7 Delph Street</u> <u>Eastlake Ext 17</u>	
SENDER'S NAME: <u>Malcolm</u>	PHONE: <u>011 3958431</u>	CONTACT NAME: <u>Lebra</u>	PHONE: <u>011 531 5300</u>

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QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
		<u>X3 Am Machines</u>	<u>155</u>	<u>113</u>	<u>113</u>		<u>734</u>
		<u>Kewspor Hanes 142 / Spd Hakey</u>	<u>154</u>	<u>119</u>	<u>100</u>		<u>338</u>

SPECIAL INSTRUCTIONS: <u>(2 VALLETS)</u>	CHARGEABLE WEIGHT <u>1072</u>
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SENDER SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>Malcolm</u> DATE: <u>15/12/15</u> TIME:	COLLECTED BY Goods correctly packed: ☒ YES ☐ NO SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>Larry</u> DATE: <u>15/12/15</u> TIME:	DELIVERED BY SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>George</u> DATE: <u>17/12/15</u> TIME: <u>13H18</u>	RECIPIENT SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>George</u> DATE: <u>17/12/15</u> TIME: <u>13H18</u>	FOR OFFICE USE ONLY <table border="1"> <tr><td>RATE</td><td></td></tr> <tr><td>CHARGE</td><td></td></tr> <tr><td>SURCHARGE</td><td></td></tr> <tr><td>DOCUMENT FEE</td><td></td></tr> <tr><td>V.A.T</td><td></td></tr> <tr><td>TOTAL</td><td></td></tr> </table>	RATE		CHARGE		SURCHARGE		DOCUMENT FEE		V.A.T		TOTAL	
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