



File No.	Origin	Date	Destination
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Shipper's Account Number		Shipper's Reference Number		To: (Recipients Name)		Their Phone Number	
Shipper: (Your Name.)			Your Phone Number		Company Name:		
Company Name:				Street Address: (PO. Boxes are not deliverable) Dept/Floor			
Street Address: (Dept/Floor)							
City			Postal Code:	City:			Postal Code:
Country				Country:			

SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)

INTERNATIONAL - BUDGET FREIGHT SERVICES (ONLY FOR THE FOLLOWING DESTINATIONS)					Customs Value	Insurance Value
BOTSWANA <input type="checkbox"/>	LESOTHO <input type="checkbox"/>	SWAZILAND <input type="checkbox"/>	MOZAMBIQUE <input type="checkbox"/>	NAMIBIA <input type="checkbox"/>		

INTERNATIONAL SERVICES				DOMESTIC SERVICES			
COURIER DOCUMENT EXPRESS		REMAIL		OVERNIGHT EXPRESS BY 10H30		BUDGET CARGO	
COURIER PARCEL EXPRESS		AIRFREIGHT		OVERNIGHT BY 13H00		SAME DAY EXPRESS	

NO. OF PKGS	DESCRIPTION OF PACKAGING AND CONTENTS	DIMENSIONS (CENTIMETRES)			VOL. WEIGHT Kg's	ACTUAL WEIGHT Kg's	FREIGHT CHARGE		
		LENGTH	BREATH	HEIGHT					
							FUEL SURCHARGE		
							OTHER		
							INSURANCE		
							SAME DAY SURCHARGE		
							TOTAL EXCL. VAT		
							VAT		

HAZARDOUS CARGO?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SATURDAY DELIVERY FOR DOMESTIC SERVICES ONLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	INSURANCE REQUIRED ABOVE R1000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DELIVERY BY 8:30	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL INCL VAT	R		
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WE HAVE SEEN AND AGREED TO THE STANDARD CONDITIONS OF CARRIAGE OF SKYNET WORLDWIDE EXPRESS	RECEIVED BY SKYNET WORLDWIDE EXPRESS	RECEIVED BY IN GOOD ORDER AND CONDITION	PARCEL STICKERS
SIGNATURE	SIGNATURE	CONSIGNEE SIGNATURE	
PRINT NAME	DATE	PRINT NAME	

P.O.D. - DEST. COPY

*UNLESS INDICATED ON THE FACE HEREOF, SKYNET WORLDWIDE EXPRESS RESERVES THE RIGHT TO DISPATCH AND CHARGE AT THE PUBLISHED DOMESTIC BUDGET CARGO TARIFF.