



BAC OFFICE
NO 100 MDT
BOENIGLEN 1619
SOUTH AFRICA
TEL: (011) 586-000
FAX: (011) 535-1272



029908322914

VAT REG. NO. 45-0803798
REG. NO. 2011/41044/07

Ref No.	Date	Box	Dest/Ref
---------	------	-----	----------

Shipper's Name & Address:

Shippers Name & Address:

To/Despatch/Unit:

To/Rec'd/Address:

SOCIAL FIBER

Shipper's Name:

Your Freight Number:

Comments/Notes:

Company Name:

Shippers Name (if Books are to be delivered): Date/Ref:

Gens Address (Dept/Box):

38 WINGATE DRIVE
MOUNT COLEMAN

City:

Postal Code:

City:

Postal Code:

Country:

Country:

SPECIAL INSTRUCTIONS / CARRIAGE SERVICES (PLEASE SPECIFY)

INTERNATIONAL - AIRMAIL/FREIGHT SERVICES (ONLY FOR THE FOLLOWING DESTINATIONS)

Carriage Type:

Comments:

 AUSTRALIA THAILAND SWEDEN NORWAY/CU NAMIBIA

DOMESTIC REQUIRED

INTERNATIONAL SERVICES

AIR DOCUMENT EXPRESS

RFWU

CARGO AIR EXPRESS BY AIR

FLIGHT CARDS

COURIER PARCEL EXPRESS

AIRPARCE

OVERNIGHT BY AIR

SAME DAY EXPRESS

NO. OF PKGS.	DESCRIPTION OF PACKAGING AND CONTENTS	DIMENSIONS (CENTIMETRES)	WEIGHT (KG)	VALUATION (R)	FREIGHT CHARGE
--------------	---------------------------------------	--------------------------	-------------	---------------	----------------

100MM	100MM	100MM	KG	KG
-------	-------	-------	----	----

1000	1000	1000	1000	1000
------	------	------	------	------

--	--	--	--	--

1000	1000	1000	1000	1000
------	------	------	------	------

--	--	--	--	--

1000	1000	1000	1000	1000
------	------	------	------	------

--	--	--	--	--

1000	1000	1000	1000	1000
------	------	------	------	------

--	--	--	--	--

PAWBROS CARBON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------	-------------------------------------	--------------------------

SATURDAY DELIVERY FOR DOMESTIC SERVICES ONLY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--	--------------------------	-------------------------------------

VEHICLE REQUIRED 4 CUBE R1000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
----------------------------------	-------------------------------------	--------------------------

VEHICLE R1200	<input type="checkbox"/>	<input checked="" type="checkbox"/>
------------------	--------------------------	-------------------------------------

TOTAL VAL. VAL	R	
-------------------	---	--

I have read and agree to the
TERMS AND CONDITIONS
of SKYNET AIR EXPRESS
COURIER
PROGRAM

FOOD/DRINK
SMOKING/DRINKING
CONTAINERS
SWIMMING
SUITS

RECEIVED BY 0800 0900 +44 117 700
COURIER
DELIVERY
TIME

3/12/08
JULY 19 2008

PARCEL STICKERS

P.O.D. - DEST. COPY

THIS FORM IS PROVIDED FREE OF CHARGE BY SKYNET AIR EXPRESS. THE RECIPIENT IS NOT LIABLE FOR THE USE OF THIS FORM.