



File No. ESP Origin ESP Destination ESP

Shipper's Account number		Shipper's Reference number		To: (Recipients Name)		Date		Destination		Their Phone Number:	
Shipper: (Your Name)		Your Phone Number:		Company Name:		Street Address: (P.O. Boxes are not deliverable) Dept/Floor		City:		Postal Code:	
Company Name:		Street Address: (Dept/Floor)		City:		Country:		Description of Contents:		Freight Charge	
Special Instructions/Additional Services (Please Specify)		Postal Code:		City:		Country:		Description of Contents:		Other	
INTERNATIONAL SERVICES		Postal Code:		City:		Country:		Description of Contents:		Other	
COURIER DOCUMENT EXPRESS		Postal Code:		City:		Country:		Description of Contents:		Insurance	
COURIER PARCEL EXPRESS		Postal Code:		City:		Country:		Description of Contents:		Same-Day Surcharge	
OTHER		Postal Code:		City:		Country:		Description of Contents:		Total Excl. VAT	
HAZARDOUS CARGO?		SATURDAY DELIVERY REQUIRED?		INSURANCE REQUIRED?		REMAIL		CUSTOMS VALUE		TOTAL INCL. VAT	
YES NO		YES NO		YES NO		AIRFREIGHT		Dimensions in Centimetres (cm's)		VAT	
WE HAVE SEEN AND AGREE TO THE STANDARD CONDITIONS OF CARRIAGE OF COURIER SOLUTIONS		RECEIVED BY COURIER SOLUTIONS		SIGNATURE		DATE		No. of Pieces		Actual Weight kg's	
SIGNATURE <u>ABALISA</u>		SIGNATURE <u>ABALISA</u>		DATE		TIME		Vol. Weight kg's		Actual Weight kg's	
PRINT NAME <u>ABALISA</u>		DATE		TIME		RECEIVED IN GOOD ORDER AND CONDITION		CONSIGNEE SIGNATURE		PRINT NAME	
NON-NEGOTIABLE CONSIGNMENT NOTE SUBJECT TO STANDARD TRADING CONDITIONS SHOWN ON THE REVERSE OF THE SHIPPERS RECEIPT.		DATE		TIME		CONSIGNEE SIGNATURE		PRINT NAME		DATE	

PARCEL STICKERS

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- That the goods received by the client.
- That Giftwrap complied with the terms and conditions as set out in it's quotation accepted by the client.
- That the goods have been received in good order.

For Office use only

Stock checked by: _____

Send with courier / client : _____

No of boxes: _____