

Waybill Date : 2023/01/20

Service Type : ECS



GW68706



Sender

GIFTWRAP
MEIRING NAUDE ST
QUINTIN BRAND ST
PRETORIA EAST
PRETORIA
08602111 457
A Batista

Account No: L071G

Customer Reference :
PSS8707/SS22459

HAZARDOUS YES NO
INSURANCE YES NO

INSURANCE AMOUNT:
0

Receiver

Firstmedical
33 Delft street
Port Elizabeth
6025
PORT ELIZABETH
6001
Sonia Bagley

SPECIAL INSTRUCTIONS :

Pcs.	DESCRIPTION	DIMENSIONS	WEIGHT
1		X X X	01,0
1			1,00

Sender Details

Name:
Date:
Signature:

LYNX Driver

Name: *Chai*
Date: *20/01/23*
Signature: *[Signature]*

Receiver Details

Name:
Time:
Date:

Signature:

Qty
250
1

For Office use only

Stock checked by: _____

Send with courier / client : _____

No of boxes: _____