



HEAD OFFICE: Sharecall No.: 0861 203 203
 P O Box 532 Lanseria 1748
After Hours WhatsApp: 082 823 3254
Email: support@the.courierguy.co.za

ACCOUNT NO. (Very Important) CLIENT REFERENCE DD MM YY PARCELS MASS VOLUME ORIGIN DEST. OFFICE REFERENCE

Contact Name: _____
 Company Name: _____
 Street Address: _____
 City: _____ Country: _____ Postal Code: _____

Contact Name: _____
 Company Name: _____
 Street Address: _____
 City: _____ Country: _____ Postal Code: _____

Special Instructions

NUMBER	DESCRIPTION OF CONTENTS	ACTUAL WEIGHT	DIMENSIONS (cm)
1			
2			
3			
4			
5			
6			
7			

By virtue of the clients signature hereto, the client acknowledges having read, understood, and agreed to be bound by the standard conditions of carriage of The Courier Guy (Pty) Ltd., which standard conditions are annexed hereto.

INSURANCE Y N
 (ONLY DECLARE VALUE IF YES)
 DECLARED VALUE R _____

SERVICES REQUIRED: Please tick appropriate box(es)

	8	9	10	11	12	13	14	CHARGES
1								
2								
3								
4								
5								
6								
7								

RECEIVED BY THE COURIER GUY (Pty) Ltd.: _____
 DATE: 1/16/23 TIME: 11:00
 CLIENT SIGNATURE (VERY IMPORTANT) _____
 RECEIVER'S SIGNATURE _____
 PRINT SURNAME AND INITIALS _____
 DATE: / / TIME: / /

1st Copy: THE COURIER GUY (Pty) Ltd. COPY 2nd Copy: PROOF OF DELIVERY 3rd Copy: RECEIVERS COPY 4th Copy: SENDERS COPY

Stock checked: _____

Send with courier / client : _____

No of boxes: _____

Qty
2
2