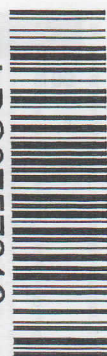


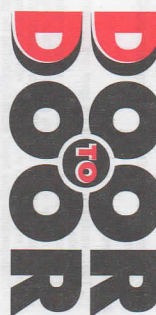
I HAVE READ AND UNDERSTOOD THE STANDARD TRADING TERMS AND CONDITIONS CONTAINED OVERLEAF AND AGREE TO BE BOUND THEREBY. THE SENDER GUARANTEES PAYMENT TO THE COMPANY FOR CHARGES IN THE EVENT THAT THE CONSIGNEE FAILS TO PAY WITHIN THIRTY (30) DAYS.



**Logistical  
Distribution  
Services CC**



**LDS2757019**



CK 2005/043464/07  
VAT No.: 4440258822

**Emergency Cell:**

082 560 4678  
082 789 9219  
082 561 1959  
082 464 6218

**Telephone:** (031) 569 1999

**www.lsdistribution.co.za**

CK 1999/021041/23  
VAT Reg. No 4460180971

**Postal Address:**  
P.O. BOX 201745  
DURBAN NORTH  
4016

**SENDER'S REF.** **BILLED ACCOUNT NUMBER** **WAYBILL NO.** **LDS2757019**

**FROM:** GIFT WARE TRADING  
MELTING 1 MILE STREET  
PESSELBURG PARK AREA 1009 PMB  
**CONTACT:** SHIRAZI PHONE: **TO:** PS CONSULTANTS  
**CONTACT:** DUBOY PHONE:

SAME DAY	EXPRESS PRIORITY 09H00	OVERNIGHT EXPRESS 11H00	NORMAL AIRFREIGHT	SAT DELV.	DIMENSIONS	INSURANCE (PLEASE INDICATE)
ECONOMY ROAD 48H-72H	LOCAL SAME DAY	INTERNATIONAL EXPRESS				YES NO

**SPECIAL INSTRUCTIONS:**

**PARCEL DESCRIPTION:**

4 + Boxes

WEIGHT	CHARGEABLE WEIGHT	VALUE
		MAX INSURANCE R5000.00 WITHOUT PRIOR WRITTEN NOTIFICATION. COST AT 5% OF DECLARED VALUE. NO EXCESS PAYABLE. (REFER TO CONDITIONS OVERLEAF)

**AUTHORISED SIGNATURE:** **NAME: (PRINT)** **DATE:**

**RECEIVED BY CONSIGNEE IN GOOD ORDER AND CONDITION** **RECEIVED BY LOGISTICAL DISTRIBUTION SERVICES** **RATE**

**NAME (PRINT)** **SIGNATURE** **SPECIAL CHARGES**

**SIGNATURE** **TIME** **INSURANCE**

**TIME** **DATE** **HANDLING FEE**

**DATE** **RECEIVED BY HUB** **VAT**

**INSUFFICIENT PACKAGING** **SIGN** **TOTAL CHARGES**

Stock checked by: \_\_\_\_\_

Send with courier / client : \_\_\_\_\_

No of boxes: \_\_\_\_\_