DELIVERY NOTE



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www.epx.co.zq	Senders Signature: Name: Time: Date: Sign:	Yes: No: No. of No. of parcels	Contact: CONDITION OF CARRIAGE: on the reverse hereof. The YOUR ATTENTION IS ALSO	Name: SENDERS Address:	IT'S ALL ABOUT YOU! NATIONAL NUMBER: 086 1379 542 From Town	COURIER SERV
	Received by E.PX. Name: Time: Date: Sign:	No. of parcels: x Length x	Carriage takes place strictly in sender and receiver both ack	DETAILS:	Code	ICES .
	X. Delivery Agent Signature Name: Date: Sign:	Dimensions in Centimeters ngth x Width x Height = Midth	Contact:Tel:Contact:Tel:	RECEIVERS DETAILS: Name: Address: St.	Vat Reg. No: 451 018 0344 ACCOUNT: PARTICIPATION RECEIVER: Code	HEAD OFFICE: N1 Corporate Park Gerald Street, Polokwane P.O. Box 3547, POLOKWANE 0700 Tel: 0861 379 463 Fax: 015 293 2811 Reg No: 2009/004805/07 PREPAID: C.O.D. Cash Recei
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