

apTM
NALSTM



| | | | |
|--|--|--|--|
| FROM Company | | TO Company | |
| Address: | | Address: | |
| City | | City | |
| Sender's Name | | Sender's Name | |
| Tel. No. | | Tel. No. | |
| Postal Code | | Postal Code | |
| Attention | | Attention | |
| City | | City | |
| Sender's Name | | Sender's Name | |
| Date | | Date | |
| Collected by Courier | | Collected by Courier | |
| Time | | Time | |
| Signature | | Signature | |
| The signature on this Waybill binds the client to the terms and conditions on reverse hereof | | The signature on this Waybill binds the client to the terms and conditions on reverse hereof | |

Tel: 011-452-5105
info@lynxfreight.co.za
Reg No 2001/011938/07
VAT Reg. No. 4720144197



LY995046

Special Instructions

| PARCEL DETAILS | | | | Contents | | | |
|----------------|----------|-----------|-----|--|--------------|-------------------|--------------------|
| No. of Parcels | Vol (kg) | Mass (kg) | | | | | |
| L | W | H | QTY | SERVICE (MARK ONE ONLY) | | | |
| | | | | SAME DAY SDD | EARLY BRD EB | OVERNIGHT AIR OXA | OVERNIGHT ROAD OXR |
| | | | | ECONOMY ECS | SATURDAY SAT | AFTER HOURS | INTERNATIONAL INT |
| | | | | Account to be Debited | | | |
| | | | | TICK IF INSURANCE IS REQUIRED (MAX COVER R20,000) SPECIFY AMOUNT | | | |
| | | | | SHIPMENT RECEIVED IN GOOD ORDER BY | | | |
| | | | | Receiver's Signature | | Date | |
| | | | | Print Name | | Time | |
| | | | | Sub Total | | | |
| | | | | VAT | | | |
| | | | | INVOICE TOTAL | | | |

Qty
200
1

ent.

Stock checked by: _____

Send with courier / client : _____

No of boxes: _____

LYNX Freight & Courier Services (Pty) Ltd accepts no liability for any loss, however caused, should no insurance be specified.