

ap<sup>TM</sup>  
NALS<sup>TM</sup>

o.za

ent.

Qty  
5  
4  
1



|                      |               |           |               |
|----------------------|---------------|-----------|---------------|
| <b>FROM</b>          |               | <b>TO</b> |               |
| Company              | Address:      | Company   | Address:      |
| City                 | Sender's Name | City      | Sender's Name |
| Tel. No.             | Postal Code   | Tel. No.  | Postal Code   |
| Signature            |               | Signature |               |
| Date                 |               | Date      |               |
| Collected by Courier |               | Time      |               |

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

Special Instructions



**PARCEL DETAILS**

| No. of Parcels                                                                                                                                                                                                                                                                                           | Vol (kg)      | Mass (kg)         | QTY                | Contents                                          |  |                      |            |               |               |                   |                    |             |              |             |                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|--------------------|---------------------------------------------------|--|----------------------|------------|---------------|---------------|-------------------|--------------------|-------------|--------------|-------------|-------------------|--|
| 1                                                                                                                                                                                                                                                                                                        | 1 box         |                   |                    |                                                   |  |                      |            |               |               |                   |                    |             |              |             |                   |  |
| <table border="1"> <tr> <th colspan="4">SERVICE (MARK ONE ONLY)</th> </tr> <tr> <td>SAME DAY SDD</td> <td>EARLY BIRD EB</td> <td>OVERNIGHT AIR OXA</td> <td>OVERNIGHT ROAD OXR</td> </tr> <tr> <td>ECONOMY ECS</td> <td>SATURDAY SAT</td> <td>AFTER HOURS</td> <td>INTERNATIONAL INT</td> </tr> </table> |               |                   |                    | SERVICE (MARK ONE ONLY)                           |  |                      |            | SAME DAY SDD  | EARLY BIRD EB | OVERNIGHT AIR OXA | OVERNIGHT ROAD OXR | ECONOMY ECS | SATURDAY SAT | AFTER HOURS | INTERNATIONAL INT |  |
| SERVICE (MARK ONE ONLY)                                                                                                                                                                                                                                                                                  |               |                   |                    |                                                   |  |                      |            |               |               |                   |                    |             |              |             |                   |  |
| SAME DAY SDD                                                                                                                                                                                                                                                                                             | EARLY BIRD EB | OVERNIGHT AIR OXA | OVERNIGHT ROAD OXR |                                                   |  |                      |            |               |               |                   |                    |             |              |             |                   |  |
| ECONOMY ECS                                                                                                                                                                                                                                                                                              | SATURDAY SAT  | AFTER HOURS       | INTERNATIONAL INT  |                                                   |  |                      |            |               |               |                   |                    |             |              |             |                   |  |
| <table border="1"> <tr> <td colspan="2">TICK IF INSURANCE IS REQUIRED (MAX COVER R20,000)</td> </tr> <tr> <td colspan="2">SPECIFY AMOUNT</td> </tr> </table>                                                                                                                                             |               |                   |                    | TICK IF INSURANCE IS REQUIRED (MAX COVER R20,000) |  | SPECIFY AMOUNT       |            |               |               |                   |                    |             |              |             |                   |  |
| TICK IF INSURANCE IS REQUIRED (MAX COVER R20,000)                                                                                                                                                                                                                                                        |               |                   |                    |                                                   |  |                      |            |               |               |                   |                    |             |              |             |                   |  |
| SPECIFY AMOUNT                                                                                                                                                                                                                                                                                           |               |                   |                    |                                                   |  |                      |            |               |               |                   |                    |             |              |             |                   |  |
| <table border="1"> <tr> <td colspan="2">SHIPMENT RECEIVED IN GOOD ORDER BY</td> </tr> <tr> <td>Receiver's Signature</td> <td>Date</td> </tr> </table>                                                                                                                                                    |               |                   |                    | SHIPMENT RECEIVED IN GOOD ORDER BY                |  | Receiver's Signature | Date       |               |               |                   |                    |             |              |             |                   |  |
| SHIPMENT RECEIVED IN GOOD ORDER BY                                                                                                                                                                                                                                                                       |               |                   |                    |                                                   |  |                      |            |               |               |                   |                    |             |              |             |                   |  |
| Receiver's Signature                                                                                                                                                                                                                                                                                     | Date          |                   |                    |                                                   |  |                      |            |               |               |                   |                    |             |              |             |                   |  |
| <table border="1"> <tr> <td colspan="2">Sub Total</td> </tr> <tr> <td>VAT</td> <td>Print Name</td> </tr> <tr> <td>INVOICE TOTAL</td> <td>Time</td> </tr> </table>                                                                                                                                        |               |                   |                    | Sub Total                                         |  | VAT                  | Print Name | INVOICE TOTAL | Time          |                   |                    |             |              |             |                   |  |
| Sub Total                                                                                                                                                                                                                                                                                                |               |                   |                    |                                                   |  |                      |            |               |               |                   |                    |             |              |             |                   |  |
| VAT                                                                                                                                                                                                                                                                                                      | Print Name    |                   |                    |                                                   |  |                      |            |               |               |                   |                    |             |              |             |                   |  |
| INVOICE TOTAL                                                                                                                                                                                                                                                                                            | Time          |                   |                    |                                                   |  |                      |            |               |               |                   |                    |             |              |             |                   |  |

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

For Office use only

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

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

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