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|                                                                                                                                                                                                                                               |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|------------------------|----------------------------------------------------------------------------|--|----------------|--|--------------------------|--|---------------|--|--------------------|--|--------------|--|-----------------------------------------------|--|
| <b>ACCOUNT NO. (Very Important)</b><br>LBS/SH                                                                                                                                                                                                 |                                | <b>CLIENT REFERENCE</b> |                        | <b>DATE</b><br>DD MM YY                                                    |  | <b>PARCELS</b> |  | <b>MASS</b>              |  | <b>VOLUME</b> |  | <b>ORIGIN</b>      |  | <b>DEST.</b> |  | <b>OFFICE REFERENCE</b><br>DDV2V<br>065801919 |  |
| <b>Contact Name:</b><br>Sharlene                                                                                                                                                                                                              |                                |                         |                        | <b>Contact Phone Number (Very Important)</b><br>( )                        |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>Company Name:</b><br>G17+uorap                                                                                                                                                                                                             |                                |                         |                        | <b>Company Name:</b><br>Contact Phone Number (Very Important)<br>065801919 |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>Street Address:</b><br>PTA                                                                                                                                                                                                                 |                                |                         |                        | <b>Country</b><br>PSA                                                      |  |                |  | <b>City</b><br>Ladysburg |  |               |  | <b>Postal Code</b> |  |              |  |                                               |  |
| <b>Special Instructions</b><br>SB KHC                                                                                                                                                                                                         |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>NUMBER</b>                                                                                                                                                                                                                                 | <b>DESCRIPTION OF CONTENTS</b> | <b>ACTUAL WEIGHT</b>    | <b>DIMENSIONS (cm)</b> |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| 1                                                                                                                                                                                                                                             | 1 x BOX                        |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| 2                                                                                                                                                                                                                                             |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| 3                                                                                                                                                                                                                                             |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| 4                                                                                                                                                                                                                                             |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| 5                                                                                                                                                                                                                                             |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| 6                                                                                                                                                                                                                                             |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| 7                                                                                                                                                                                                                                             |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>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.</b> |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>DECLARED VALUE</b>                                                                                                                                                                                                                         |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>INSURANCE</b>                                                                                                                                                                                                                              |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>ONLY DECLARE VALUE IF (YES)</b>                                                                                                                                                                                                            |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>DECLARED VALUE</b>                                                                                                                                                                                                                         |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>RECEIVED BY THE COURIER GUY (Pty) Ltd.:</b>                                                                                                                                                                                                |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>DATE:</b> 22/09/22 <b>TIME:</b>                                                                                                                                                                                                            |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>CLIENT SIGNATURE</b>                                                                                                                                                                                                                       |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>RECEIVER'S SIGNATURE</b>                                                                                                                                                                                                                   |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>PRINT SURNAME AND INITIALS</b>                                                                                                                                                                                                             |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |
| <b>DATE:</b> / / <b>TIME:</b>                                                                                                                                                                                                                 |                                |                         |                        |                                                                            |  |                |  |                          |  |               |  |                    |  |              |  |                                               |  |

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