1st Copy City Contact Name Street Address: Company Name: ACCOUNT NO. (Very Important) NUMBER THE COURIER GUY (Pty) Ltd. COPY CLIENT SIGNATURE DESCRIPTION OF CONTENTS CLIENT REFERENCE We would love to handle your package Country **Worldwide Express** DATE: RECEIVED BY THE COURIER GUY (Pty) Ltd.: WEIGHT PLEASE PRINT - USE A BALL POINT PEN AND PRESS HARD (4 COPIES)
2nd Copy: PROOF OF DELIVERY 3rd Copy: RECEIVERS COPY 4th C DECLARED VALUE INSURANCE **Contact Phone Number (Very Important)** (ONLY DECLARE VALUE IF YES) DD DIMENSIONS (cm) DATE TIME: Postal Code  $\stackrel{\scriptstyle <}{\scriptstyle \sim}$ Z HEAD OFFICE: P O Box 532 Lanseria 1748 PARCELS RECEIVER'S SIGNATURE 6 PRINT SURNAME AND INITIALS City To (Contact Name): Exact Street Address (We cannot deliver to Box Numbers): Company Name: SERVICES REQUIRED: Please tick appropriate box(es) Sharecall No.: 0861 203 203 After Hours WhatsApp: 082 823 3254 Email: support@the courierguy.co.za DOMESTIC AIR FREIGHT OVERNIGHT SAME DAY EXPRESS SAME DAY ECONOMY DOMESTIC ROAD FREIGHT LOCAL OVERNIGHT LOCAL SAME DAY COURIER BAG VOLUME Confir ation that goods were received in good condition 9 # 10 14 13 12 4th Copy: SENDERS COPY SATURDAY SERVICE INTERNATIONAL PARCELS DOCUMENTS NATIONAL FLYER ECONOMY SERVICE EARLY BIRD AFTER HOURS SERVICE INTERNATIONAL AIR FREIGHT Country OFFICE REFERENCE TOTAL VAT CHARGES Contact Phone Number (Very Important) DATE: TIME: B Postal Code Send with courier / client : x box

No of boxes:

Qty

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