



WAYBILL / TAX INVOICE

Swakopmund
P.O. Box 347
Tel: 00264 64 4110000 • Fax: 00264 64 405779
Walvis Bay
Tel: 064 209337 • Fax: 064 209353
Windhoek
Tel: 00264 61 22231 / 249314
Johannesburg
Tel: 0027 11 3922577 • Fax: 0027 11 3922695
Cape Town
Tel: 0027 21 9489425



B1136836

ORDER No.

SENDER		ADDRESSEE		CONTACT		VAT NO.	
TEL:		TEL:		CONTACT		VAT NO.	
PLEASE TICK APPROPRIATE BOX		Sender to Pay		INSURANCE		YES NO	
CASH		ACC NO:		VALUE			
QTY		Description of Goods		Dimensions		Special Instructions	
6		Boxes				COLLECT VAT FROM CLIENT	
TOTAL No. PIECES		TOTAL MASS		VOLUME MASS KG			
Received in good order by Consignee:		I AGREE TO BE BOUND BY THE STANDARD CONDITIONS OF CARRIAGE OVERLEAF		CHARGES			
Received Custom Documentation by Consignee:		THE CONSIGNOR GUARANTEES PAYMENT TO THE COURIER FOR CONSIGNMENT IN THE EVENT THAT THE CONSIGNEE FAILS TO PAY WITHIN 30 DAYS		Transport Costs:			
NA500 IMPORT		CN1 EXPORT		Documentation:			
YES NO		YES NO		Insurance Premium:			
SIGNATURE:		SIGNATURE:		Outline:			
Name (Print):		Name (Print):		Fuel Surcharge:			
Date:		Date:		TOTAL			
Time:		Time:					

All business is undertaken subject to the standard conditions on the reverse of this form.

GOODS CONVEYED AT OWNER'S RISK UNLESS INSURANCE REQUESTED. PLEASE USE A BALLPOINT PEN AND PRESS HARD

Stock checked by: _____

Send with courier / client : _____

No of boxes: 6 x boxes

Qty
60
1