GW73860

Waybill Date : 2023/03/10

Service Type :ECS

Sender	**Account No:** L071G	**Receiver**
GIFTWRAP MEIRING NAUDE ST QUINTIN BRAND ST PRETORIA EAST PRETORIA 0602111 457 A Batista	**Customer Reference :** PSS8982/SS22656 **HAZARDOUS** ☐ **YES** ☐ **NO** **INSURANCE** ☐ **YES** ☐ **NO** **INSURANCE AMOUNT:** 0	Melrose Clinic Peninsula Eye Hospital Wilderness Road Claremont CLAREMONT ,Cape Town 7708 Karyn da Costa 021 670 4316

SPECIAL INSTRUCTIONS :

Pcs.	DESCRIPTION	DIMENSIONS		WEIGHT
1		X	X	01,0
1				1,00

Sender Details

Name:
Date:
Signature:

LYNX Driver

Name:
Date: 10/3/23
Signature:

Receiver Details

Name:
Time:
Date: Signature:

For Office use only

Stock checked by: _____

Send with courier / client : _____

No of boxes: 1 x box

Qty
500
1