

Qty
2



Worldwide Express
We would love to handle your package

HEAD OFFICE: Sharecall No.:
P O Box 532 0861 203 203
Lanseria After Hours WhatsApp:
1748 082 823 3254
Email: support@thecourierguy.co.za

ACCOUNT NO. (Very Important)

CLIENT REFERENCE

DD DATE
MM YY

PARCELS

MASS

VOLUME

ORIGIN

DEST.

OFFICE REFERENCE

Contact Name:

Contact Phone Number (Very Important)

Company Name:

Street Address:

City

Country

Postal Code

Special Instructions

NUMBER	DESCRIPTION OF CONTENTS	ACTUAL WEIGHT	DIMENSIONS (cm)
1	Pieces	x	x
2		x	x
3		x	x
4		x	x
5		x	x
6		x	x
7		x	x

By virtue of the clients signature hereof, 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.

INSURANCE Y ☐ N ☐
(ONLY DECLARE VALUE IF YES)
DECLARED VALUE R

CLIENT SIGNATURE

RECEIVED BY
THE COURIER GUY (PTY) LTD.:

DATE:

TIME:

To (Contact Name):

Contact Phone Number (Very Important)

Company Name:

Exact Street Address (We cannot deliver to Box Numbers):

City

Country

Postal Code

SERVICES REQUIRED: Please tick appropriate box(es)

CHARGES

R

c

1	SAME DAY EXPRESS	8	INTERNATIONAL DOCUMENTS	
2	LOCAL OVERNIGHT COURIER BAG	9	INTERNATIONAL PARCELS	
3	LOCAL SAME DAY COURIER BAG	10	INTERNATIONAL AIR FREIGHT	
4	SAME DAY ECONOMY	11	AFTER HOURS SERVICE	
5	OVERNIGHT COURIER	12	SATURDAY SERVICE	
6	DOMESTIC AIR FREIGHT	13	EARLY BIRD	
7	DOMESTIC ROAD FREIGHT	14	NATIONAL FLYER	
			TOTAL	

Confirmation that goods were received in good condition

RECEIVER'S SIGNATURE

PRINT SURNAME AND INITIALS

DATE: / /

TIME:

1st Copy: THE COURIER GUY (PTY) LTD. COPY

PLEASE PRINT - USE A BALL POINT PEN AND PRESS HARD (4 COPIES)
2nd Copy: PROOF OF DELIVERY

3rd Copy: RECEIVERS COPY

4th Copy: SENDERS COPY

No of boxes: