



**IT'S ALL ABOUT YOU!**

**NATIONAL NUMBER: 086 1379 542 • www.epx.co.za**

**HEAD OFFICE:**  
N1 Corporate Park  
Gerald Street,  
Polokwane  
P.O. Box 3547,  
POLOKWANE 0700  
Tel: 0861 379 463  
Fax: 015 293 2811  
Reg No: 2009/004805/07  
Vat Reg. No: 451 018 0344

**Waybill / Tax Inv**

**A12762001**



**PAYMENT METHOD:** Please complete this section

**CASH:**

PREPAID: ☐

C.O.D. ☐

Cash Received By: /

**ACCOUNT:**

SENDER: ☐

RECEIVER: ☐

CHARGEABLE ACCOUNT CODE

From Town

Code

To Town

Code

**SENDERS DETAILS:**

Name:

Address:

Contact: SS 308932 Tel:

**RECEIVERS DETAILS:**

Name:

Address:

Contact:

Tel:

Tariff:

R

Other:

R

Vat:

R

Total Amount:

R

Amount Paid:

R

**CONDITION OF CARRIAGE:** Carriage takes place strictly in terms of the standard terms and conditions printed on the reverse hereof. The sender and receiver both acknowledge having read and being bound by same.  
**YOUR ATTENTION IS ALSO SPECIFICALLY DRAWN TO PARAGRAPHS 12 AND 13 ON THE REVERSE, IN TERMS OF WHICH THE LIABILITY OF THE CARRIER IS LIMITED.**

**Packaging**

Yes: ☐ No: ☐

No. of parcels

No. of parcels:

2 x boxes

**Dimensions in Centimeters**

Length

Width

Height

Mass (kg)

Vol Mass

Act Mass

**Senders Signature:**

Name:

Time:

Date:

Sign:

**Received by E.P.X.**

Name:

Time:

Date:

Sign:

**Delivery Agent Signature**

Name:

Time:

Date:

Sign:

**Received in good order:**

Name:

Time:

Date:

Sign:

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1. That the goods received are the goods ordered as they were specified in the order.
2. That Giftwrap complied with the terms and conditions as set out in it's quotation accepted by the client.
3. That the goods have been received in good order.

For Office use only

Stock checked by: \_\_\_\_\_

Send with courier / client: \_\_\_\_\_

No of boxes: 2 x boxes