

Email:
support@the.courierguy.co.za

Contact Phone Number (Very Important)

Exact Street Address (We cannot deliver to Box Numbers)

Postal Code**SERVICES REQUIRED: Please tick appropriate box(es)**

2	LOCAL OVERNIGHT COURIER BAG	9	INTERNATIONAL PARCEL	5
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3	LOCAL SAME DAY COURIER BAG	10	INTERNATIONAL AIR FREIGHT
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4	SAME DAY ECONOMY	11	AFTER HOURS SERVICE
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5	COURIER	12	SALONDAY SERVICE
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	AIR FREIGHT	13	EARLY BIRD	VAT
2				

ROAD FREIGHT	1	ECONOMY SERVICE	101AL
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SIGNATURE _____

DATE: / /

AND INITIALS _____

(VERY IMPORTANT) _____

TIME: _____

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

RECEIVED BY
THE COURIER GUY (Pty) Ltd.

TIME:

2nd Copy: PROOF OF DELIVERY

3rd Copy: RECEIVERS C

4th Copy: SENDERS COPY

Send with courier / client :

No of boxes:

1x flyer 15hoo