

BFN (061) 001-3800
 CPT (021) 555-8777
 DUR (031) 505-3767
 ELS (043) 731-1450
 JNB (011) 928-8300
 H/O (021) 001-7188
 PLZ (041) 861-8820
 PRY (012) 548-5056
 PTG (016) 285-0060
 WIT (013) 697-6100
 LOM (-44) 1753-682-498

SENDER'S COPY

CO REG NO. 1998/010351/07
 VAT NO. 4120195526

ACCOUNT NO. TO BE BILLED

NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT

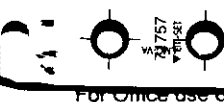
SHIPPER'S REFERENCE

NOTE: P.O. BOX ADDRESSES NOT ACCEPTED

24591355



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Stock checked by: _____
 Send with courier / client: _____
 No of boxes: 2 x boxes 15k59

WHITE AREAS TO BE FILLED IN FULL

FROM (SENDER) Street Address Suburb City/Town Contact E-mail		TO (RECEIVER) Street Address Suburb City/Town Contact E-mail	
SHOULD NO SERVICE BE SELECTED, CARRIER RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER		INTERNATIONAL ☐ INTERNATIONAL COURIER (DOCS) ☐ INTERNATIONAL COURIER (NON DOCS) ☐ CROSS BORDER ECONOMY ☐ INTERNATIONAL REMAIL VALUE FOR CUSTOMS	
DOMESTIC ☐ SAMEDAY COURIER ☐ NEXT DAY COURIER 09:00 ☐ OVERNIGHT COURIER 16:30		NON EXPRESS DELIVERY ☐ SATURDAY ECONOMY ☐ PUBLIC HOLIDAY AFTER HOURS OTHER SPECIFY	
RECEIVED CONTENTS TOTAL PRICE TOTAL MASS (kg)		SPECIAL INSTRUCTIONS COURIER SERVICES APPLY TO MAJOR CENTRES ONLY DIMENSIONS (CM) NO. L W H DIMENSIONS GENERATED BY SWAD MACHINE SUPERSEDE MANUAL DIMENSIONS	
INSURANCE: (PLEASE ✓) REQUIRED ☐ DECLARED VALUE ☐ DECLINED ☐		EXPRESS PACK SECURITY NUMBER ON LIP OF FLYER COLLECTED BY COURIER DATE TIME	
OWNERS RISK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED COMPLETED BY NAME SIGNATURE DATE TIME			
COURIER SERVICES APPLY TO MAJOR CENTRES ONLY			

PLEASE NOTE: TERMS ARE STRICTLY 30 DAYS. I AGREE TO BE BOUND BY THE STANDARD CONDITIONS OF CARRIAGE WHICH APPEAR ON THE REVERSE SIDE OF THIS DOCUMENT