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JHB/PRETORIA a LQBATSE/GABORONE BES:
saaiene TEL: (0140) 81-0145

(0140) 81-3240
MAFIKENG MMABATHO < FAX: (0140) 81-4001

WAYBILL No. 18512

1 : : CONSIGNEE
SENDER'S NAME: oa i â\200\230 NAME:
ADDRESS: (ADDRESS:

CONTACT i ae REF CONTACT] = TEL REF
PERSON: NO. ORDER NO. PERSON: NO. ORDER NO.

SPECIAL VALUE OF |
INSTRUCTIONS: es INSURANCE YES NO COVER CASH ACC PO.D.

: TIC DIMEN- TOTAL TOTAL
QTY. DESCRIPTION OF GOODS MASS SIONS | MASS TARIFF VATIEXC VAT | INSURANCE INCLUSIVE

SENDER'S SIGN TIME RECEIVED BY CCS SIGN CONSIGNEE SIGN TIME
SENDER'S NAME â\200\230 DATE

\ ¤© CONSIGNEE NAME pate |

i ACC Copy - White Senders Copy - Yellow

IWE AGREE TO BE BOUND BY THE CONDITIONS OF CARRIAGE CONTAINED OVERLEAF 0 Corinne, Cony
thie Seach Cooy Pick