

Send & Receive Couriers (Pty) Ltd
 Cell: +27 82 853 4089 Tel: +27 21 385 0168
 Fax: +27 21 385 1570
 Email: collections@sendreceive.co.za
 Send & Receive Worldwide Express UK Ltd
 Cell: +44 7584431788 Tel: +44 1753 680112
 Email: cs@sendreceiveuk.com

Send & Receive
 International & Domestic couriers
 ... Simple As That!
 Please refer to our website www.sendreceive.co.za for our UK Terms & Conditions



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FORMSXPRESS PRINTING 021 701 5530 WT180415

Account Number AMT 001	Origin AGNLEY - ON KIIP	Destination City/Town VREDENDAL
FROM: (Full address incl Company Street, Town, City, Province, Postal Code) AFRIKAT GLEN DOUGLAS MING CNR AGNLEY DR & SONTING STREET AGNLEY ON KIIP VREDENDAL WESTERN CAPE		
Sender Name NTSAN KU	Tel Number 082 7288 975	Sender Ref.
Receivers Name WESTERN CAPE		
Tel Number (including code)		
Special Instructions: DRAFT SCOPING REPORT		
Description of Contents		
Dimensions Wide: Deep: High:		
No of Pieces: Actual Weight: Charges:		
Value for Customs purposes: R Yes No		
Liability Cover Required?		
CARRIER 1:		
Customs Invoice attached	Yes	No
Collected By (PRINT NAME): NTSAN KU	Date: 12/03/10	Time: 13:29
CARRIER 2:		
Received By: (Print Company, Name & Sign) RECIPIENT PROOF OF DELIVERY		
Signature: Print Name:		
Date: Time:		

We have seen and agreed to the terms & conditions of carriage.

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Account Number	AMT 001	Origin	HENLEY-ON-KIP	Destination City/Town	STELLENBOSCH
FROM: (Full address incl Company Street, Town, City, Province, Postal Code)					
AFRIMA			CAPE NATURE		
GLEN DOUGLAS MING			ASSEGAI BOSCH NATURE RESERVE		
ONR HENLEY DR & SOUTHERN STREET			JUNKER SHACK ROAD		
HENLEY-ON-KIP			STELLENBOSCH		
Sender Name	Tel Number		Sender Ref.		
NISANKO	0827288975				
Special Instructions:					
DRAFT SCOPING REPORT					
DOMESTIC		INTERNATIONAL		Description of Contents	
Same Day Express	SDX	Courier Docs	ICD	Dimensions	
Early Bird	EBD	Courier Parcels	ICP	Wide:	Deep:
Overnight Express	ONX	Airfreight	IAF	High:	
In City	INC	Roadfreight	IRF	Vol Weight: Charges:	
Economy	ECC	Re-mail	IRM	Actual Weight:	
Saturday Service	SAT	Import	IMP	No of Pieces:	
Senders Name		CARRIER 1:		CARRIER 2:	
Print Name, Date and Time		Customs Invoice attached		Received By: (Print Company, Name & Sign)	
NISANKO		Yes No		Signature:	
0827288975		Collected By (PRINT NAME):		Print Name:	
		Date: Time:		Date: Time:	
		Date: Time:		Date: Time:	
We have seen and agreed to the terms & conditions of carriage.					

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272031

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FORMSPRESS PRINTING 021 701 5590 WT180415

Account Number AMT 001	Origin WEST COAST DISTRICT MUNICIPALITY	Destination City/Town MOORREESBURG
FROM: (Full address incl Company Street, Town, City, Province, Postal Code) AFRIMAT GLEN DOUGLAS WING CNR HENLEY DR & SONTNELL STREET HENLEY - ON KLIP		
Receivers Name DORETHA KOTZE	Sender Ref. NSA NKO 0827288915	Tel Number (including code)
Description of Contents DRAFT SCOPING REPORT		
Dimensions Wide: Deep: High:		
No of Pieces: Actual Weight: Vol Weight: Charges:		
Value for Customs purposes: R Yes No		
Liability Cover Required?		
CARRIER 1:		
Customs Invoice attached	Yes	No
Collected By (PRINT NAME): <i>NSANKO</i>	Date: <i>2010/01/19</i>	Time: <i>13:29</i>
CARRIER 2:		
Received By: (Print Company, Name & Sign)		
Signature: Date: Time:		
Received in Good order and condition: Print Name:		
We have seen and agreed to the terms & conditions of carriage.		



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Account Number: **AMT001** Origin: **HCNLEY ON KLIP** Destination City/Town: **CAPE TOWN**

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FROM: (Full address incl Company Street, Town, City, Province, Postal Code)
ATRUMAT
GIGN DOUGLAS MINE
CNR HCNLEY DR & SONTAIGL STREET
HCNLEY - ON KLIP
TO: (Insert full address!!! incl Company Street, Town, City, Province, Postal Code)
DPT of AGRICULTURE/FORESTRY
FISHERIES
17 STRAND
BEUVILLE
Receivers Name: **RAHAB MA BOA**
Tel Number (including code): **0821288975**

Special Instructions: **DRAFT SCOPING REPORT**

DOMESTIC		INTERNATIONAL		Dimensions	
Same Day Express	SDX	Courier Docs	ICD	Wide:	High:
Early Bird	EBD	Courier Parcels	ICP	Deep:	
Overnight Express	ONX	Airfreight	IAF		
In City	INC	Roadfreight	IRF		
Economy	ECC	Re-mail	IRM		
Saturday Service	SAT	Import	IMP		
Senders Name			Description of Contents		
Print Name, Date and Time			Actual Weight:		
NTSANIKO			Vol Weight:		
0827288975			Charges:		
We have seen and agreed to the terms & conditions of carriage.			No of Pieces:		
			Value for Customs purposes:		
			R		
			Liability Cover Required?		
			Yes No		

CARRIER 1:
Customs Invoice attached: Yes No
Collected By (PRINT NAME):

CARRIER 2:
Received By (Print Company, Name & Sign)
Signature: **NTSANIKO**
Print Name:

Date: **13/09** Time: **13:29**

Date: _____ Time: _____

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272026

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Account Number	AMI 001	Origin	HEALEY-IN KIP	Destination City/Town	CAPE TOWN
FROM: (Full address incl Company Street, Town, City, Province, Postal Code)					
ATRIMAT					
GLEN DOUGLAS HME					
CNR HEALEY DR & SONTNEIL STREET					
HEALEY -ON KIP					
Sender Name					
NISANKO					
Tel Number		Sender Ref.		Receivers Name	
082 7288 975				MR GERHARD GERBER	
Special instructions:					
Tel Number (including code)					

DOMESTIC		INTERNATIONAL		Description of Contents	
Same Day Express	SDX	Courier Docs	ICD	Wide:	Dimensions
Early Bird	EBD	Courier Parcels	ICP	Deep:	High:
Overnight Express	ONX	Airfreight	IAF		
In City	INC	Roadfreight	IRF		
Economy	ECC	Re-mail	IRM		
Saturday Service	SAT	Import	IMP		
Senders Name		CARRIER 1:		CARRIER 2:	
Print Name, Date and Time		Customs Invoice attached Yes No		Received By: (Print Company, Name & Sign)	
NISANKO		Collected By (PRINT NAME):		HEALEY	
082 7288 975		Date: 20/05/11		Date: 20/05/11	
		Time: 13:51		Time: 13:51	

No of Pieces:		Actual Weight:		Charges:	
Value for Customs purposes:		R			
Liability Cover Required?		Yes No			
		Yes		No	
RECIPIENT PROOF OF DELIVERY					
Received in Good order and condition:					
Signature:				Print Name:	
Date:				Time:	

FORMSPRESS PRINTING 021 701 5530 WT180413

We have seen and agreed to the terms & conditions of carriage.

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272040

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FORMSXPRESS PRINTING 021 701 5530 WT180415

Account Number	AMT 001	Origin	HCNLEY-ON-KIP	Destination City/Town	CAPE TOWN
FROM: (Full address incl Company Street, Town, City, Province, Postal Code) AFRIMA GLEN DOUGLAS MINE CNR HENLEY DR & SONJANEL STREET HCNLEY ON KIP Tel Number 0827288975 NGSAN KO Special Instructions:					
Sender Name		Sender Ref.		Receivers Name	
HCNLEY ON KIP		0827288975		CAPE TOWN	
Tel Number		Sender Ref.		Tel Number (including code)	
0827288975		0827288975		CAPE TOWN	
Description of Contents					
DRAFT SCOPING REPORT					
No of Pieces:			Actual Weight:		Charges:
Value for Customs purposes:			R		Yes No
Liability Cover Required?			Yes		No
CARRIER 1:			CARRIER 2:		
INTERNATIONAL			RECIPIENT PROOF OF DELIVERY		
Same Day Express	SDX	Courier Docs	ICD		
Early Bird	EBD	Courier Parcels	ICP		
Overnight Express	ONX	Airfreight	IAF		
In City	INC	Roadfreight	IRF		
Economy	ECC	Re-mail	IRM		
Saturday Service	SAT	Import	IMP		
Print Name, Date and Time			Received in Good order and condition:		
NGSAN KO			Signature:		
0827288975			Print Name:		
We have seen and agreed to the terms & conditions of carriage.			Date:		
			Time:		



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FORMSXPRESS PRINTING 021 701 5530 WT180415

Account Number	AMT001		Origin	HENLEY-ON KLIP		Destination City/Town	VAN RHYNSDORP	
FROM: (Full address incl Company Street, Town, City, Province, Postal Code)								
AFRIMAT								
GIGN DOUGLAS WING								
CNR HENLEY DR & SONTINGEL STREET								
HENLEY ON KLIP								
Sender Name	Tel Number		Sender Ref.		Receivers Name			
NISANKO	082 72 88 975				VAN RHYNSDORP PUBLIC LIBRARY			
Special Instructions:								
Description of Contents								
DRAFT SCOPING REPORT								
DOMESTIC			INTERNATIONAL			Dimensions		
Same Day Express	SDX	Courier Docs	ICD	No of Pieces:		Actual Weight:		Charges:
Early Bird	EBD	Courier Parcels	ICP	Value for Customs purposes:		Vol Weight:		
Overnight Express	ONX	Airfreight	IAF	Liability Cover Required?		Yes		No
In City	INC	Roadfreight	IRF	R				
Economy	ECC	Re-mail	IRM	Yes				
Saturday Service	SAT	Import	IMP	No				
Senders Name			CARRIER 1:			CARRIER 2:		
Print Name, Date and Time			Customs Invoice attached			Received By: (Print Company, Name & Sign)		
NISANKO			Yes			Print Name:		
082 72 88 975			No			Signature:		
We have seen and agreed to the terms & conditions of carriage.			Collected By (PRINT NAME):			Received in Good order and condition:		
			Date:			Date:		
			Time:			Time:		

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FORMSXPRESS PRINTING 021 701 5530 WT180415

Account Number		AMT 001		Origin		HENLEY - ON KIP		Destination City/Town		BEILVILLE	
FROM: (Full address incl Company Street, Town, City, Province, Postal Code) IFRIMATI GLEN DOUGLAS WING CNR HENLEY DR. & SONTNELL STREET HENLEY ON KIP 7530											
Sender Name		NTSANIKO		Tel Number		08272 88975		Sender Ref.			
Receivers Name		LELETHU ZERE		Tel Number (including code)				Description of Contents		DRAFT SCOPING REPORT	
Special Instructions:											
DOMESTIC				INTERNATIONAL							
Same Day Express	SDX	Courier Docs	ICD								
Early Bird	EBD	Courier Parcels	ICP								
Overnight Express	ONX	Airfreight	IAF								
In City	INC	Roadfreight	IRF								
Economy	ECC	Re-mail	IRM								
Saturday Service	SAT	Import	IMP								
Senders Name				CARRIER 1:				CARRIER 2:			
Print Name, Date and Time				NTSANIKO				Received By: (Print Company, Name & Sign)			
082 7288 975				Date: 17/08/05				Signature:			
We have seen and agreed to the terms & conditions of carriage.											
Dimensions						Charges:			Print Name:		
Wide:		Deep:		High:		Vol Weight:			Date:		
No of Pieces:						Actual Weight:			Time:		
Value for Customs purposes:						R			Yes No		
Liability Cover Required?									RECIPIENT PROOF OF DELIVERY		
Received in Good order and condition:											



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272034

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FORMSXPRESS PRINTING 021 701 5530 WT180415

Account Number AMT 001	Origin HEMPDEN TOWN	Destination City/Town CAPE TOWN
FROM: (Full address incl Company Street, Town, City, Province, Postal Code) AFRIMAT GLEN DOUGLAS MINING CNR HENCEY DR & SONTJHEIL STREET HENCEY ON KIP HEMPDEN TOWN		
Sender Name NISANKU	Tel Number 082 72 88 975	Sender Ref.
Receivers Name MALCOLM WATER/GAACE SWANEPOEL CAPE TOWN		
Description of Contents DRAFT SCOPING REPORT		
Dimensions Wide: Deep: High:		
Special Instructions:		
DOMESTIC		
Same Day Express	SDX	Courier Docs
Early Bird	EBD	Courier Parcels
Overnight Express	ONX	Airfreight
In City	INC	Roadfreight
Economy	ECC	Re-mail
Saturday Service	SAT	Import
INTERNATIONAL		
		ICD
		ICP
		IAF
		IRF
		IRM
		IMP
Senders Name NISANKU 082 72 88 975		
CARRIER 1: Customs Invoice attached Yes No Collected By (PRINT NAME): <i>NISANKU</i>		
Date: Time:		
We have seen and agreed to the terms & conditions of carriage.		
CARRIER 2: Received By: (Print Company, Name & Sign) Signature: Print Name:		
Date: Time:		
Date: Time:		

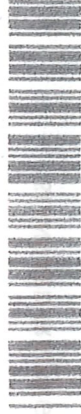


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272027

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FORMSXPRESS PRINTING 021 701 5530 WT180415

Account Number AMT 001	Origin HENLEY-ON KIP	Destination City/Town VRG DENDAL
FROM: (Full address incl Company Street, Town, City, Province, Postal Code)		
AFRIMAT		
GLEN DOUGLAS MINE		
CNR HENLEY PR & SONTINGILL STREET		
HENLEY-ON KIP		
Sender Name NISANKO	Tel Number 0827288975	Sender Ref.
Receivers Name 8160		Tel Number (including code)
Special Instructions:		
DRAFT SCOPING REPORT		
Description of Contents		
Dimensions Wide: Deep: High:		
Charges:		
No of Pieces: Actual Weight: Vol Weight: Charges:		
Value for Customs purposes: R Yes No		
Liability Cover Required?		
CARRIER 1:		
Customs Invoice attached	Yes	No
Collected By (PRINT NAME): <i>NISANKO</i>		
Date: <i>10/10/13</i>	Date: <i>13/5/13</i>	Date:
CARRIER 2:		
Received By: (Print Company, Name & Sign)		
Signature: Print Name:		
Date: Time:		
Date: Time:		
Date: Time:		
RECIPIENT PROOF OF DELIVERY		
Print Name, Date and Time NISANKO 0827288975		
We have seen and agreed to the terms & conditions of carriage.		