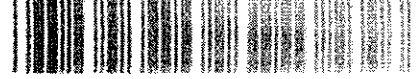


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 Email: cs@sendreceiveuk.com



272038

Please refer to our website www.sendreceive.co.za for our UK Terms & Conditions

Account Number	AMT 001	Origin	HENLEY-ON KID	Destination City/Town	BELLVILLE
----------------	---------	--------	---------------	-----------------------	-----------

FROM: (Full address incl Company Street, Town, City, Province, Postal Code) AFRIMAT GLEN DOUGLAS MINE CNR HENLEY DR & SOMMERS STREET HENLEY -ON KID	TO: (Insert full address incl Company Street, Town, City, Province, Postal Code) DEPARTMENT OF WATER & SANITATION 52 VOORTREKER ROAD, SPECTRUM BUILDING 4th floor; BELLVILLE 7530
--	--

Sender Name	Tel Number	Sender Ref.	Receiver Name	Tel Number (including code)
NISANKO	0827288975		LELETHU ZEPE	

Special Instructions:	Description of Contents	Dimensions		
		Wide:	Deep:	High:
	DRAFT SCOPING REPORT	40	30	1
DOMESTIC	INTERNATIONAL	No of Pieces:	Actual Weight:	Vol Weight:
Same Day Express	SDX Courier Docs	1	1	
Early Bird	EBD Courier Parcels			
Overnight Express	ONX Airfreight			
City	INC Roadfreight			
Economy	ECC Re-mail			
Saturday Service	SAT Import			
		Value for Customs purposes:	R	
		Liability Cover Required?	Yes	No

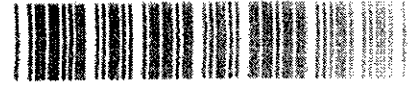
Senders Name	CARRIER 1:	CARRIER 2:	RECIPIENT PROOF OF DELIVERY
Print Name, Date and Time	Customs Invoice attached Yes No	Received By: (Print Company, Name & Sign)	Received in Good order and condition: Signature: _____ Print Name: _____ Date: _____ Time: _____
NISANKO 082 7288975	Collected By: (PRINT NAME): <i>Verwon</i>		
	Date: 10/03/20 Time: 15:5	Date: _____ Time: _____	
I have seen and agreed to the terms & conditions of carriage.			

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Send & Receive Worldwide Express UK Ltd
 Cell: +44 7584431768 Tel: +44 1753 680112
 Email: cs@sendreceiveuk.com

272031

Please refer to our website www.sendreceive.co.za for our UK Terms & Conditions

Account Number: AMT001 Origin: HENLEY-ON-KIP Destination City/Town: MOORREESBURG

FROM: (Full address incl Company Street, Town, City, Province, Postal Code)
AFRIMATI
GLCM DOUGLAS MINE
CNR HENLEY DR S. SONTWILL STREET
HENLEY-ON-KIP

TO: (Insert full address!!! incl Company Street, Town, City, Province, Postal Code)
WEST COAST DISTRICT MUNICIPALITY
58 LAA LOXIG STREET
MOORREESBURG

Sender Name: NIJANKO Tel Number: 082 72 889 75 Sender Ref.: Receiver's Name: DORETHA KOIZE Tel Number (including code):

Special Instructions: Description of Contents: DRAFT SCOPING REPORT Dimensions: Wide: 40 Deep: 30 High: 1

DOMESTIC		INTERNATIONAL		No of Pieces:	Actual Weight:	Vol Weight:	Charges:
Same Day Express	SDX	Courier Docs	ICD				
Early Bird	EBD	Courier Parcels	ICP				
Overnight Express	ONX	Airfreight	IAF	Value for Customs purposes:	R		
Next City	INC	Roadfreight	IRF				
Economy	ECC	Re-mail	IRM	Liability Cover Required?	Yes No		
Saturday Service	SAT	Import	IMP				

Senders Name	CARRIER 1:	CARRIER 2:	RECIPIENT PROOF OF DELIVERY
Print Name, Date and Time <u>NIJANKO</u> <u>082 72 889 75</u>	Customs Invoice attached: Yes <input type="checkbox"/> No <input type="checkbox"/> Collected By: (PRINT NAME): <u>[Signature]</u> Date: <u>19/03/20</u> Time: <u>13:59</u>	Received By: (Print Company, Name & Sign) Date: Time:	Received In Good order and condition: Signature: _____ Print Name: _____ Date: Time:

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

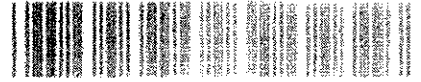
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 Cell: +44 7584431768 Tel: +44 1753 680112
 Email: cs@sendreceiveuk.com



211507

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Account Number	AMT001	Origin	HENLEY-ON KLIP	Destination City/Town	VREDENDAL
----------------	--------	--------	----------------	-----------------------	-----------

FROM: (Full address incl Company Street, Town, City, Province, Postal Code) AFRIMAT GLEN DOUGLAS MINE CNR HENLEY DR & SONINELL STREET HENLEY-ON KLIP	TO: (Insert full address!!! incl Company Street, Town, City, Province, Postal Code) LOWER OLIFANTS RIVER WATER USE ASSOCIATION 667 VOORTREKKER STREET VREDENDAL 8160
---	---

Sender Name	Tel Number	Sender Ref.	Receiver Name	Tel Number (including code)
VISANKO	08272 88975		Johan Matthee	

Special Instructions:	Description of Contents	Dimensions																															
		Wide	Deep	High																													
	DRAFT scoping Report	40	30	1																													
<table border="1"> <tr> <th colspan="2">DOMESTIC</th> <th colspan="2">INTERNATIONAL</th> </tr> <tr> <td>Same Day Express</td> <td>SDX</td> <td>Courier Docs</td> <td>ICD</td> </tr> <tr> <td>Priority Bird</td> <td>EBD</td> <td>Courier Parcels</td> <td>ICP</td> </tr> <tr> <td>Overnight Express</td> <td>ONX</td> <td>Airfreight</td> <td>IAF</td> </tr> <tr> <td>City</td> <td>INC</td> <td>Roadfreight</td> <td>IRF</td> </tr> <tr> <td>Economy</td> <td>ECC</td> <td>Re-mail</td> <td>IRM</td> </tr> <tr> <td>Saturday Service</td> <td>SAT</td> <td>Import</td> <td>IMP</td> </tr> </table>		DOMESTIC		INTERNATIONAL		Same Day Express	SDX	Courier Docs	ICD	Priority Bird	EBD	Courier Parcels	ICP	Overnight Express	ONX	Airfreight	IAF	City	INC	Roadfreight	IRF	Economy	ECC	Re-mail	IRM	Saturday Service	SAT	Import	IMP	No. of Pieces:	Actual Weight:	Vol Weight:	Charges:
DOMESTIC		INTERNATIONAL																															
Same Day Express	SDX	Courier Docs	ICD																														
Priority Bird	EBD	Courier Parcels	ICP																														
Overnight Express	ONX	Airfreight	IAF																														
City	INC	Roadfreight	IRF																														
Economy	ECC	Re-mail	IRM																														
Saturday Service	SAT	Import	IMP																														
	1	1																															
Value for Customs purposes:		R																															
Liability Cover Required?		Yes	No																														

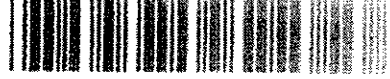
Senders Name	CARRIER 1:	CARRIER 2:	RECIPIENT PROOF OF DELIVERY
Print Name, Date and Time	Customs Invoice attached: Yes No	Received By: (Print Company, Name & Sign)	Received in Good order and condition: Signature: _____ Print Name: _____
VISANKO 0827288975	Collected By: (PRINT NAME): <i>[Signature]</i>		
I have seen and agreed to the terms & conditions of carriage.	Date: 10/09/20	Time: 13:59	Date: _____ Time: _____



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 Cell: +44 7584431766 Tel: +44 1753 680112
 Email: cs@sendreceiveuk.com

Account Number: AMT 001 Origin: HENLEY-UN KIP Destination City/Town: VREDENDAL

FROM: (Full address incl Company Street, Town, City, Province, Postal Code)
AIRIMATI
GLEN DOUGLAS DR & SAFFRICH STREET
CNR HENLEY DR & SONTNELL STREET
HENLEY-UN KIP

TO: (Insert full address!!! incl Company Street, Town, City, Province, Postal Code)
MATZIKAMA MUNICIPALITY
37 CHURCH STREET, VREDENDAL
WESTERN CAPE

Sender Name: NTSANKO Tel Number: 082 72 88975 Sender Ref: Receivers Name: Tel Number (including code):

Special Instructions:				Description of Contents		Dimensions																													
				DRAFT SCOPING REPORT		Wide:	Deep:	High:																											
<table border="1"> <tr> <th colspan="2">DOMESTIC</th> <th colspan="2">INTERNATIONAL</th> </tr> <tr> <td>Same Day Express</td> <td>SDX</td> <td>Courier Docs</td> <td>ICD</td> </tr> <tr> <td>Early Bird</td> <td>EBD</td> <td>Courier Parcels</td> <td>ICP</td> </tr> <tr> <td>Overnight Express</td> <td>ONX</td> <td>Airfreight</td> <td>IAF</td> </tr> <tr> <td>in City</td> <td>INC</td> <td>Roadfreight</td> <td>IRF</td> </tr> <tr> <td>Economy</td> <td>ECC</td> <td>Re-mail</td> <td>IRM</td> </tr> <tr> <td>Saturday Service</td> <td>SAT</td> <td>Import</td> <td>IMP</td> </tr> </table>				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	No of Pieces:	Actual Weight:	Vol Weight:	Charges:
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																																
				1	1																														
				Value for Customs purposes:		R																													
				Liability Cover Required?		Yes No																													

Senders Name		CARRIER 1:		CARRIER 2:		RECIPIENT PROOF OF DELIVERY	
Print Name, Date and Time		Customs Invoice attached: Yes No		Received By: (Print Company, Name & Sign)		Received in Good order and condition:	
<u>NTSANKO</u>		Collected By: (PRINT NAME):				Signature: Print Na	
<u>082 72 88975</u>		<u>[Signature]</u>					
I/we have seen and agreed to the terms & conditions of carriage.		Date:	Time:	Date:	Time:	Date:	Time:
		<u>10/03/20</u>	<u>15:59</u>				

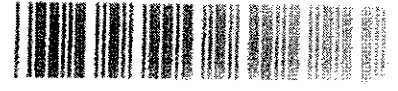


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 Email: cs@sendreceiveuk.com



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Please refer to our website www.sendreceive.co.za for our UK Terms & Conditions

Account Number: AMT001	Origin: HENLEY-ON-KLIP	Destination City/Town: CAPE TOWN
-------------------------------	-------------------------------	---

FROM: (Full address incl Company Street, Town, City, Province, Postal Code) ATRIMAT GLCN DOUGLAS MINE CNR HENLEY DR & SUNNELL STREET HENLEY-ON KLIP	TO: (Insert full address!! incl Company Street, Town, City, Province, Postal Code) DEPARTMENT of ENVIRONMENTAL Affairs & Development Planning 11th floor, 1 DROP STREET DURP Street CAPE TOWN
--	--

Sender Name: NISANKU Tel Number: 082 72 88975	Sender Ref:	Receiver's Name: MR GERHARD GERBER Tel Number (including code):
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Special Instructions:	Description of Contents: DRAFT SLIDING REPORT	Dimensions: Wide: 40 Deep: 30 Hi: 1																												
<table border="1"> <tr> <th colspan="2">DOMESTIC</th> <th colspan="2">INTERNATIONAL</th> </tr> <tr> <td>Same Day Express</td> <td><input type="checkbox"/></td> <td>SDX</td> <td>Courier Docs <input type="checkbox"/></td> </tr> <tr> <td>Early Bird</td> <td><input type="checkbox"/></td> <td>EBD</td> <td>Courier Parcels <input type="checkbox"/></td> </tr> <tr> <td>Overnight Express</td> <td><input type="checkbox"/></td> <td>ONX</td> <td>Airfreight <input type="checkbox"/></td> </tr> <tr> <td>In City</td> <td><input type="checkbox"/></td> <td>INC</td> <td>Roadfreight <input type="checkbox"/></td> </tr> <tr> <td>Economy</td> <td><input type="checkbox"/></td> <td>ECC</td> <td>Re-mail <input type="checkbox"/></td> </tr> <tr> <td>Saturday Service</td> <td><input type="checkbox"/></td> <td>SAT</td> <td>Import <input type="checkbox"/></td> </tr> </table>	DOMESTIC		INTERNATIONAL		Same Day Express	<input type="checkbox"/>	SDX	Courier Docs <input type="checkbox"/>	Early Bird	<input type="checkbox"/>	EBD	Courier Parcels <input type="checkbox"/>	Overnight Express	<input type="checkbox"/>	ONX	Airfreight <input type="checkbox"/>	In City	<input type="checkbox"/>	INC	Roadfreight <input type="checkbox"/>	Economy	<input type="checkbox"/>	ECC	Re-mail <input type="checkbox"/>	Saturday Service	<input type="checkbox"/>	SAT	Import <input type="checkbox"/>	No of Pieces: 1 Actual Weight: 1	Vol Weight: Charges:
DOMESTIC		INTERNATIONAL																												
Same Day Express	<input type="checkbox"/>	SDX	Courier Docs <input type="checkbox"/>																											
Early Bird	<input type="checkbox"/>	EBD	Courier Parcels <input type="checkbox"/>																											
Overnight Express	<input type="checkbox"/>	ONX	Airfreight <input type="checkbox"/>																											
In City	<input type="checkbox"/>	INC	Roadfreight <input type="checkbox"/>																											
Economy	<input type="checkbox"/>	ECC	Re-mail <input type="checkbox"/>																											
Saturday Service	<input type="checkbox"/>	SAT	Import <input type="checkbox"/>																											
Value for Customs purposes: R	Liability Cover Required? Yes <input type="checkbox"/> No <input type="checkbox"/>																													

Senders Name	CARRIER 1:	CARRIER 2:	RECIPIENT PROOF OF DELIVERY
Print Name, Date and Time NISANKU 082 72 88975	Customs Invoice attached Yes <input type="checkbox"/> No <input type="checkbox"/> Collected By (PRINT NAME): <i>[Signature]</i>	Received By: (Print Company, Name & Sign)	Received in Good order and condition: Signature: _____ Print Name: _____
	Date: 10/03/20 Time: 13:59	Date: _____ Time: _____	Date: _____ Time: _____

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

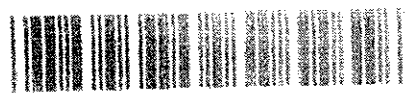


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 Cell: +44 7584431768 Tel: +44 1753 680112
 Email: cs@sendreceiveuk.com



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Account Number	AMT001	Origin	HENLEY-ON-KLIP	Destination City/Town	CAPE TOWN
----------------	--------	--------	----------------	-----------------------	-----------

FROM: (Full address incl Company Street, Town, City, Province, Postal Code)	TO: (Insert full address!!! incl Company Street, Town, City, Province, Postal Code)
AFRIMAT GLEN DOUGLAS MINE CNR HENLEY DR & SUNNELL STREET HENLEY ON KLIP	DEPARTMENT OF MINERAL RESOURCES ATTERBURY HOUSE, 9th floor C/O LOWER BURG & RIEBEECK STREET CAPE TOWN

Sender Name	Tel Number	Sender Ref.	Receivers Name	Tel Number (including code)
NISANKO	082 72 88 975		MR PIETER SWART	

Special Instructions:	Description of Contents	Dimensions																															
	DRAFT SCOPING REPORT	Wide:	Deep:	Hi																													
		40	30	1																													
<table border="1"> <tr> <th colspan="2">DOMESTIC</th> <th colspan="2">INTERNATIONAL</th> </tr> <tr> <td>Same Day Express</td> <td>SDX</td> <td>Courier Docs</td> <td>ICD</td> </tr> <tr> <td>Early Bird</td> <td>EBD</td> <td>Courier Parcels</td> <td>ICP</td> </tr> <tr> <td>Overnight Express</td> <td>ONX</td> <td>Airfreight</td> <td>IAF</td> </tr> <tr> <td>In City</td> <td>INC</td> <td>Roadfreight</td> <td>IRF</td> </tr> <tr> <td>Economy</td> <td>ECC</td> <td>Re-mail</td> <td>IRM</td> </tr> <tr> <td>Saturday Service</td> <td>SAT</td> <td>Import</td> <td>IMP</td> </tr> </table>		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	No. of Pieces:	Actual Weight:	Vol Weight:	Charges:
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																														
		1	1																														
		Value for Customs purposes:	R																														
		Liability Cover Required?	Yes	No																													

Senders Name		CARRIER 1:		CARRIER 2:		RECIPIENT PROOF OF DELIVERY	
Print Name, Date and Time		Customs Invoice attached	Yes	No	Received By: (Print Company, Name & Sign)		Received in Good order and condition:
NISANKO 082 72 88 975		Collected By: (PRINT NAME):		Signature:		Print N	
Date: 10/03/20		Time: 13:59		Date:	Time:		Date:
We have seen and agreed to the terms & conditions of carriage.				Date:	Time:		

conditions of carriage. 10/03/20 13:59 Date: Time:

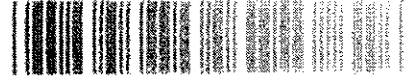
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 Email: cs@sendreceiveuk.com



272030

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Account Number: AMT001	Origin: HENLEY-ON KIP	Destination City/Town: CAPE TOWN
-------------------------------	------------------------------	---

FROM: (Full address incl Company Street, Town, City, Province, Postal Code) AZIMATI GLCM DOUGLAS MINE CNR HENLEY DR & SMITHILL ST HENLEY-ON KIP	TO: (Insert full address incl Company Street, Town, City, Province, Postal Code) DEPT. OF AGRICULTURE, FORESTRY & FISHERIES 17 STRAND; BELLVILLE
--	---

Sender Name: MISANKO Tel Number: 0827288975	Sender Ref:	Receiver Name: RAHAB MABOA Tel Number (including code):
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Special Instructions:	Description of Contents: DRAFT SCOPING REPORT	Dimensions																															
		Wide: 40	Deep: 30	Hig: 1																													
<table border="1"> <tr> <th colspan="2">DOMESTIC</th> <th colspan="2">INTERNATIONAL</th> </tr> <tr> <td>Same Day Express</td> <td>SDX</td> <td>Courier Docs</td> <td>ICD</td> </tr> <tr> <td>Early Bird</td> <td>EBD</td> <td>Courier Parcels</td> <td>ICP</td> </tr> <tr> <td>Overnight Express</td> <td>ONX</td> <td>Airfreight</td> <td>IAF</td> </tr> <tr> <td>City</td> <td>INC</td> <td>Roadfreight</td> <td>IRF</td> </tr> <tr> <td>Economy</td> <td>ECC</td> <td>Re-mail</td> <td>IRM</td> </tr> <tr> <td>Saturday Service</td> <td>SAT</td> <td>Import</td> <td>IMP</td> </tr> </table>		DOMESTIC		INTERNATIONAL		Same Day Express	SDX	Courier Docs	ICD	Early Bird	EBD	Courier Parcels	ICP	Overnight Express	ONX	Airfreight	IAF	City	INC	Roadfreight	IRF	Economy	ECC	Re-mail	IRM	Saturday Service	SAT	Import	IMP	No of Pieces: 1	Actual Weight: 1	Vol Weight:	Charges:
DOMESTIC		INTERNATIONAL																															
Same Day Express	SDX	Courier Docs	ICD																														
Early Bird	EBD	Courier Parcels	ICP																														
Overnight Express	ONX	Airfreight	IAF																														
City	INC	Roadfreight	IRF																														
Economy	ECC	Re-mail	IRM																														
Saturday Service	SAT	Import	IMP																														
Value for Customs purposes: R		Liability Cover Required? Yes <input type="checkbox"/> No <input type="checkbox"/>																															

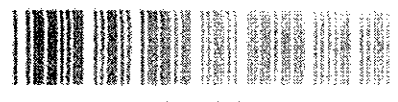
Senders Name	CARRIER 1:	CARRIER 2:	RECIPIENT PROOF OF DELIVERY
Print Name, Date and Time MISANKO 0827288975	Customs Invoice attached: Yes <input type="checkbox"/> No <input type="checkbox"/> Collected By: (PRINT NAME) Date: 10/03/08 Time: 13:59	Received By: (Print Company, Name & Sign) Date: Time:	Received in Good order and condition: Signature: _____ Print Name: _____ Date: Time:

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



Send & Receive Couriers (Pty) Ltd
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 Fax: +27 21 385 1570
 Email: collections@sendreceive.co.za

Send & Receive Worldwide Express UK Ltd
 Cell: +44 7584431768 Tel: +44 1753 680112
 Email: cs@sendreceiveuk.com



272032

Please refer to our website www.sendreceive.co.za for our UK Terms & Conditions

Account Number: AMT001	Origin: HENLEY-ON KLIP	Destination City/Town: STELLEN BOSCH
-------------------------------	-------------------------------	---

FROM: (Full address incl Company Street, Town, City, Province, Postal Code) AIR MAIL GLENN DOUGLAS DR & SONTNELL STREET CNR HENLEY DR & SONTNELL STREET HENLEY-ON KLIP	TO: (Insert full address!!! incl Company Street, Town, City, Province, Postal Code) CAPE NATURE ASSEGAI BOSCH NATURE RESERVE, TOMKER SHASK ROAD STELLEN BOSCH
---	--

Sender Name: NESANKO Tel Number: 0827288975	Sender Ref:	Receiver's Name:	Tel Number (including code):
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Special Instructions:	Description of Contents: DRAFT SCOPING REPORT	Dimensions		
		Wide: 40	Deep: 30	H: 1
DOMESTIC	INTERNATIONAL	No. of Pieces:	Actual Weight:	Vol. Weight:
Same Day Express	SDX Courier Docs	1	1	
Early Bird	EBD Courier Parcels			Charges:
Overnight Express	ONX Airfreight			
In City	INC Roadfreight			
Economy	ECC Re-mail	Value for Customs purposes:	R	
Saturday Service	SAT Import	Liability Cover Required?	Yes	No

Senders Name	CARRIER 1:	CARRIER 2:	RECIPIENT PROOF OF DELIVERY
Print Name, Date and Time NESANKO 0827288975	Customs Invoice attached: Yes No Collected By (PRINT NAME): Verjan	Received By: (Print Company, Name & Sign):	Received in Good order and condition: Signature: _____ Print N
	Date: 19/09/19 Time: 13:59	Date: _____ Time: _____	Date: _____ Time: _____

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