



ACCOUNI NC

FROM: CONSIGNOR						TO: CONSIGNEE											
COMPANY NAME XCP			ADDRESS			COMPANY NAME M.H.P.O CHEF'S MCHANNY			STREET ADDRESS 84 KAHARUJAYAN								
CONTACT			FAX		BUS. TEL.		HOME TEL.		CONTACT 799001			BUS. TEL. C/S 4911/276		HOME TEL.			
Please tick appropriate box			SAME DAY		OVERNIGHT EXPRESS		DAWN DELIVERY		SATURDAY DELIVERY		NEXT DAY DELIVERY		ECONOMY SERVICE				
QUANTITY			DESCRIPTION OF CONTENTS					MASS		DIMENSIONS		VOL.		INSURANCE			
1			KOT					42x10x10		X X		YES					
								X X		NO							
								TOTAL VOLUME: MASS KG		R							
Sender's Reference			TOTAL No. PIECES					TOTAL MASS									
I AGREE TO BE BOUND BY THE STANDARD CONDITIONS OF CARRIAGE OVERLEAF						SIGNATURE:						DATE:					
RECEIVED IN GOOD ORDER BY CONSIGNEE						THIS CONSIGNOR GUARANTEES PAYMENT TO THE COURIER FOR CONSIGNMENT IN THE EVENT THAT THE CONSIGNEE FAILS TO PAY WITHIN 30 DAYS						RECEIVED BY JKL EXPRESS					
SIGNATURE:			PRINT NAME: Thandi			DATE:			TIME:			TOTAL			R		
DATE: 24/06/2001			TIME:			DATE: 23/06/2001			TIME:			TOTAL			R		
CHARGES						FREIGHT						AFTER HOURS					
						SAT. COLLECTION DELIVERY						OUTLYING AREA					
						DAWN DELIVERY						FUEL SURCHARGE					
						INSURANCE						NON-DOC HANDLING FEE DOC SURCHARGE					
						TOLL FEES						SUB TOTAL					
						V.A.T.											