



TRANSPLUS

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AIRWAY BILL NUMBER:

DELIVERY NOTE

		Despatch Date:	
From (Shipper):		To (Receiver):	
		Contact Name:	
Tel No:		Tel No:	
Shippers Reference:			
Shippers Signature:			

Preferred Service:

Number of pieces:	Weight in kilos:	Dimensions in cm (L, B, H):	Full description of goods:
Special Instructions/Notes:			

Name (printed):

Date:

Signature:

Time: