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08 5859 8444

Shipper's Name and Address: **OLALEYE ORIYOMI DOLAPO**
C/O AFRICAN WORLDWIDE REMOVALS LTD
2, OAK ROAD CHLOOKOP, MIDDRAND
SOUTH AFRICA
TEL: +2711388 0409

Shipper's Account Number: _____

Not Negotiable
AIR WAYBILL
 Issued by

SOUTH AFRICAN AIRWAYS
CARGO
 MEMBER OF IATA **JOHANNESBURG**
 STAR ALLIANCE

Consignee's Name and Address: **TAOFEK ABIODUN BADRU**
C/O DONOVAN JANSEN
12, CIVEST STREET ESTHER PARK
KEMPTON PARK SOUTH AFRICA
TEL: 0105992374

Consignee's Account Number: _____

Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity

It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREOF BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.

Issuing Carrier's Agent Name and City: _____

Accounting Information: **PREPAID**

Agent's IATA Code: _____ Account No.: _____

Airport of Departure (Addr. of First Carrier) and Requested Routing: **MURITALA MOHAMMED AIRPORT LAGOS**

Reference Number: _____ Optional Shipping Information: _____

To: **JNB** By First Carrier: **SAA** Routing and Classification: _____ To: **JNB** By: **SA** To: _____ By: _____

Currency: **NGN** Declared Value for Carriage: **Nil** Declared Value for Customs: **NCV**

Airport of Destination: **JOHANNESBURG** Suggested Flight/Date: **SA061** Amount of Insurance: **Nil**

Insurance - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance"

No. of Pieces RCP	Gross Weight	kg	Rate Class	Chargeable Weight	Rate / Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
1	70	K	101	101		PREPAID	PAITING
1	70	K				PREPAID	

Prepaid: **PREPAID** Weight Charge: _____ Collect: _____

Valuation Charge: _____

Tax: _____

Total Other Charges Due Agent: _____

Total Other Charges Due Carrier: _____

Total Prepaid: **PREPAID** Total Collect: _____

Currency Conversion Rates: _____ CC Charges in Dest. Currency: _____

For Carrier's Use only at Destination: _____ Charges at Destination: _____

Other Charges: _____

Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.

D. F. J.
 Signature of Shipper or his Agent

20th OCTOBER 2022 MMIA SOUTH AFRICA

Executed on (date) _____ at (place) _____

Total Collect Charges: _____ Signature of Issuing Carrier or its Agent: _____

Form 1000 (01/1982) 501 500 TG-IBMS-082014

ORIGINAL 3 (FOR SHIPPER)

083 5859 8444

JOEL TRANSPORT DURBAN (PTY) LTD
 UNIT 3B, 11 SURPRISE ROAD
 SURPRISE PARK, PINETOWN
 DURBAN, 3610
 TEL: 031 1100 002
 FAX: 086 6113 950



INVENTORY

No 12135

Client's Name: Abea Gallery Date: 17/7/23 Page 1 of 1
 Collection Address: 160 Main Street, Johannesburg Telephone (H): _____ (Work): _____
 Cell No.: _____ Delivery or Contact Address: _____
 Driver: Tebogo Packer: Cynl, James
 Pallet Box No. _____

ITEM	CHECK			DESCRIPTION	CONDITION
	In	Out	Isn		
1				Tao Feet Badry / Taste of Feeling LV	/
2				Tao Feet Badry / Taste of Feeling III	
3				Tao Feet Badry / Taste of Feeling II	
4				Tao Feet Badry / Taste of Feeling I	
5					
6					
7					
8					
9					
0					
1					/
2					
3					
4					
5					
6					
7					
8					
9					
0					

On collection: I confirm that, I together with your supervisor, have inspected the premises and all goods that are required to be moved have been removed and the premises has been left neat and tidy. I/we have checked the items on the inventory and acknowledge that this is a true and complete list of the items handed over to Joel Transport Durban (Pty) Ltd and/or goods received. Also by signing this document I/we agree to the terms and conditions of the contract as set out overleaf.
 On delivery: I confirm that everything has been received in good order and condition except as noted on the inventory or on this document and I confirm that all work has been carried out to my full satisfaction.

AT ORIGIN	Signature of Owner or Authorised Agent <u>[Signature]</u>	Date <u>17/07/23</u>	AT DESTINATION	Signature of Owner or Authorised Agent	Date
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1. CHECKED BY: _____
 Date: _____

1. CHECKED BY: _____
 Date: _____

1. CHECKED BY: _____
 Date: _____

B-Bent / BR-Broken / CB-Cigarette Burns / CR-Cracked / C-Cut / DT-Dented / H-Holed / M-Old Marks / PBO-Packed by Owner / S-Stained
SC-Scratches / PBJ-Packed by Joel Transport Durban (Pty) Ltd

DISTRIBUTION: White - Joel Transport / Blue - Owner / Pink - Carriers