

Consignment Note

1. From (Collection Address)

Sender's Account No: 000113678
Name: Viamed Limited
Address: 15 Station Road
City: cross hills
Province:
Postal/Zip Code: bd207dt
Location: UNITED KINGDOM

Contact Name: Catherine Green
Tel No: 01535634542

2. To (Receiver Address)

Receiver's Account No: 000228061
Name: Arrabon Distribution
Address: Unit 12 Imperium Business Park
16 Venturi Crescent
City: Hennopspark
Province:
Postal/Zip Code: 0157
Location: SOUTH AFRICA

Contact Name: Fanie Muller
Tel No: +27866101266

3. Goods

General Description:
medical

HS Tariff Code:

Total Packages:	Total Weight:	Total Volume:
1	2.8 kg	0.029791 m3

4. Services

Service: (15N) Express

Options:

Payment Terms: Receiver Pays

NON DANGEROUS GOODS

Sender's Signature: 

Date: 18/11/20

TNT'S LIABILITY FOR LOSS, DAMAGE AND DELAY IS LIMITED BY THE CMR CONVENTION OR THE WARSAW CONVENTION WHICHEVER IS APPLICABLE. THE SENDER AGREES THAT THE GENERAL CONDITIONS, WHICH CAN BE VIEWED AT [HTTPS://WWW.TNT.COM/TERMS](https://www.tnt.com/terms), ARE ACCEPTABLE AND GOVERN THIS CONTRACT. IF NO SERVICES OR BILLING OPTIONS ARE SELECTED THE FASTEST AVAILABLE SERVICE WILL BE CHARGED TO THE SENDER.



* 1 4 5 5 1 6 7 2 4 *

Please quote this number if you have an enquiry.

A. Delivery Address

Name: Arrabon Distribution
Address: Unit 12 Imperium Business Park
16 Venturi Crescent
City: Hennopspark
Province:
Postal/Zip Code: 0157
Location: SOUTH AFRICA

Contact Name: Fanie Muller
Tel No: +27866101266

B. Dutiable Shipment Details

Receivers VAT/TVA/BTW/MWST No.:

C. Special Delivery Instructions

D. Customer Reference

RVM127140/126772

E. Invoice Receiver (Receiver's Account Number)

000228061

Received by TNT (Name): _____

Date: ____/____/____ Time: ____:____

Receiver Copy

Please keep for reference