



# Shipment Waybill

Consignor Name:

Physical Location:

Town:

TEL:

Consignee Name:

Physical Location:

Town:

Contact Person:

TEL:

Special Remarks:

Delivery Person Details:

Name:

Co. No:

Vehicle Reg No.:

Full Name:

Credit / Account

Shipment Type:

No Type

Qty

Weight (KGS)

Cover

Mailbag

Parcel/Bulky

1

2

3

4

5

6

7

8

9

10

TOTAL

Service Type(Tick)

Express-09:00

Express-11:00

Express-24Hrs

Dedicated

Same Day

Export

Other

Confirmed by (Official use only)

Name

Co No

Signature

Date

OP Zone:

Signature:

ID:

Date:

Signature:

Shipment Charges (KES)

Charges

Other

Insurance

Extra Delivery

Total

GIT Insurance

Yes

No

Sender / Representative

Name

Signature

ID No

Phone No

Date

The provision of services as depicted on this waybill are subject to the standard terms and conditions of G4S, as contained therein

Details of G4S employee who received the shipment

Name

Company no:

Collection Branch

Time

Date

Signature

Stamp

Remarks

Time:



G4SWB2620115101861

Please quote this number for any enquiry