D	CIML	INVOICE	Waybill Number:	Waybill Number: Export References:		
Date of Exportati	ion:					
Invoice Number:		IN100053	Invoice Date:	111110010		
Shipper/ Exporte	n		Consignee/ Recipie	Consignee/ Recipient:		
Name	Dean Peirone		Name	Doreen Khumalo		
Company	Specn	med Medical Services(Pty)Ltd.	Company	Hope for Mtshabezi		
Telephone Nr	011 805 5891		Telephone Nr	ephone Nr		
Street Address	Hambleton Park, 98 Richards Drive		Street Address	49 Pennith Road		
ity	Midran	nd-	City	Morningside		
tate	Postal Code 1685		State	State Bulawayo Zip/ Postal Code 029		
ip/ Postal Code			Zip/ Postal Code			
ountry			Country	Zimbabwe		
hipper's Exporters	Code:	664625	Recipient's Impor	orters Code:		
nipper's Email ado	lress:		Recipient's Email a	Recipient's Email address:		
eason for Export (Check one):	:	Importer (If other	Importer (If other than Consignee)		
Catalogue/	Order Return	m Mutilated Samples (no re				
Cor	mmercial Sale	e X Personal Effects (used go	ods) Company			
Gift	t (unsolicited)					
Intra-Comp	oany Transfer					
Marked Sample						
er:			State			

			Zip/ Postal Code			
			Country			
Country of	Quantity	5 11 5	Email address:			
Manufacture		(What is it? what is it made	iption of Goods of? How/where will it be us	sed?)	Total Value	
IA		EXAMINATION TABLE, GYN	AE	4320.78	4320.78	
IA	2	EXAMINATION COUCH		3828.81	7657.62	
A	3	DOUBLE STEP		977.50	2932.50	
				Currency	RANDS	
				Freight Charges (If Known)		
				Insurance Charges (If Known)		
				The state of the s		

Date:	10/01/2020	Title:	MR	
			(2)	
Name:	DEAN PEIRONE	Signature:	(gc)	