

GABORONE OFFICE
 Plot No: 1649, GICP Phase IV, Gaborone
 P O Box 4039898, Gaborone, Botswana
 Tel: (+267) 393 5537/38/39, Fax: (+267) 392 3457
 Email: customercare@trans-kalahari.com
 VAT NO: BW0000728312

Truck Type: Shared - standard
 Invoice No.817808
 Date.22-04-2026

TO (Delivery Customer):
 NOTWANE PHARMACY
 Tel: 3951853
 PLOT 1146 BOTSWANA ROAD MAIN MALL,GABORONE

From (Supplier):
 CITY MEDICAL WHOLESALERS
 Tel: 0127491300
 0117

LINE No.	DESCRIPTION	QUANTITY
1	Box	15
Total Packages		15

Delivery Notice

*This is a confirmation that all above listed items have been delivered to the customer address as list above.
 *It further confirms that the customer, undersigned below, has accepted goods in expected state.
 *We thank you for trusting us with your goods.

Goods Receiving Details

Name of Receiver:.....

Signature :.....

Date/Time Received:.....

Delivered By: