

**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](mailto:customercare@trans-kalahari.com)  
 VAT NO: BW0000728312

Truck Type: Shared - standard  
 Invoice No.819938  
 Date.15-04-2026

**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	1
2	Item	1
<b>Total Packages</b>		<b>2</b>

**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:**