

NAME OF CITY / TOWN / BRANCH: _____

NAME OF COURIER / REGIONAL AGENT: KGOEBI JOHANNES

DATE OF THIS SHEET: 2017-12-28

DELIVERY SHEET

RECEIVED BY:

27/12/2017
From ON THE DOT - OLIFANTSFONTEIN
To Leonie Klopper
179 Fleet Road
Midstream Estates
CLAYVILLE 1692
SOUTH AFRICA

OTDWT01288581

SHIPMENT: OTDWS01247716
TO STORE BY DATE: 28/12/2017
TRUSTED: Y

Contact Leonie Klopper
Phone 0827867946
Ref 12H00-13H00, DNL01sgB02412859

ECO
HUB: SUNJNB
TOWN: CAV
ZONE:

Parcel 1 of 1



COMPANY _____

ADDRESS _____

NUMBER OF PACKAGES RECEIVED 1

NAME OF PERSON RECEIVING PACKAGES: _____

INITIALS EV SURNAME JOHANNES

TIME _____

REMARKS / COMPANY STAMP / SIGNATURE [Signature]

27/12/2017
From ON THE DOT - OLIFANTSFONTEIN
To Laurika Nel
Brakfontein road
Midstream ridge estate, 27 mimosa street,
stand 44
Midstream Estates
CLAYVILLE 1692
SOUTH AFRICA

OTDWT01288301

SHIPMENT: OTDWS01247649
TO STORE BY DATE: 27/12/2017
TRUSTED: Y

Contact Laurika Nel
Phone 0823358028
Ref 10H00-13H00, DNL01sgB02412286

ECO
HUB: SUNJNB
TOWN: CAV
ZONE:

Parcel 1 of 1



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ADDRESS _____

NUMBER OF PACKAGES RECEIVED 1

NAME OF PERSON RECEIVING PACKAGES: _____

INITIALS B.M. SURNAME MOLOTSI

TIME _____

REMARKS / COMPANY STAMP / SIGNATURE [Signature]

27/12/2017
From ON THE DOT - OLIFANTSFONTEIN
To Nicolene Kotze
4 Adara street
Midstream ridge
Midstream Estates
CLAYVILLE 1692
SOUTH AFRICA

OTDWT01285655

SHIPMENT: OTDWS01244938
TO STORE BY DATE: 27/12/2017
TRUSTED: Y

Contact Nicolene Kotze
Phone 0823762892
Ref 10H00-13H00, DNL01sgB02412203

ECO
HUB: SUNJNB
TOWN: CAV
ZONE:

Parcel 1 of 1



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ADDRESS _____

NUMBER OF PACKAGES RECEIVED 1

NAME OF PERSON RECEIVING PACKAGES: _____

INITIALS P.R. SURNAME MOLOTSI

TIME _____

REMARKS / COMPANY STAMP / SIGNATURE [Signature]

2017/12/27
From Le Creuset
To LE CREUSET MALL OF AFRICA
SHOP 2040 c/o BEN SCHOEMAN
HIGHWAY and ALLENDALE ROAD
WATERFALL ESTATE, MIDRAND, GAUTE PARCEL MASS 77 kg
JOHANNESBURG 2157
SOUTH AFRICA

LECR T 0210287 8

Contact CASSANDRA
Phone W: 0115682097 H:
Ref P0522

ONX
HUB: JNB
TOWN: JNB
ROUTE: ---

Parcel 1 of 1



COMPANY _____

ADDRESS _____

NUMBER OF PACKAGES RECEIVED 1

NAME OF PERSON RECEIVING PACKAGES: _____

INITIALS CC SURNAME MANSOUR

TIME _____

REMARKS / COMPANY STAMP / SIGNATURE [Signature]

