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EMIT 251314

ACCOUNT NUMBER
MOV001

CLIENT REFERENCE
C/I BIS - BRIPLY

OFFICE REFERENCE
C/I BIS - TRIPLY

DATE

SENDER (Your Name)		TEL		RECEIVER (Name)		Tel: +27 21 951 1919		TEL 031 265 845	
COMPANY (Name)		LE CREUST		COMPANY (Name)		LE CREUSET PAVILION			
STREET ADDRESS (Dept./Floor)		UNIT 5 HERON PARK OLD GROVE INDUSTRIAL		STREET ADDRESS (Dept./Floor)		SHOP UL262 PAVILION SHOPPING CENTRE JACK MAARTENS DRIVE		POSTAL CODE 3629	
CITY		SOMERSET WEST SUBURB		CITY		WESTVILLE SUBURB			
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN		
5	BOXES	62	42	38		166	Y	N	
1	Box	46	46	27		5	INSURANCE VALUE		
1	Box	55	33	42		9			
							SPECIAL INSTRUCTIONS		
							COLLECTED BY:		
							SIGNATURE: [Signature]		

TEST WEIGHT (OFFICE USE)

180kg

DATE: 5/10/16 TIME:

SERVICES PLEASE SELECT SERVICE ✓ IN BOX

DOOR TO DOOR ECONOMY	<input type="checkbox"/>	DIRECT LOAD	<input type="checkbox"/>	AIR	<input type="checkbox"/>	SAME DAY	<input type="checkbox"/>	HAZARDOUS CARGO	<input type="checkbox"/>
OFFICE USE ONLY	NAME	DATE	SIGN	OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)					
CHECKED IN	Lyle	05/10/16	[Signature]	SENDER'S SIGNATURE: [Signature] DATE: 5-10-16					
CHECKED OUT	Lyle	05/10/16	[Signature]	PRINT NAME: MARSHALL TIME:					
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION					
CHECKED OUT				RECEIVER'S SIGNATURE: [Signature] DATE: 07/10/2016					
				PRINT NAME: Helen TIME: 10:30					

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES
YOUR ATTENTION IS DRAWN TO THE TERMS & CONDITIONS OF CARRIAGE ON THE REVERSE OF THIS WAYBILL