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EMIT 320023

POD COPY

ACCOUNT NUMBER H0VDD01		CLIENT REFERENCE CASTIRON		OFFICE REFERENCE CASTIRON		DATE	
SENDER (Your Name)		TEL: 021 851 7172		RECEIVER (Name)		042 997 777	
COMPANY (Name)		LE CREUSET SOMERSET WEST		COMPANY (Name)		LE CREUSET HOLLANDS	
STREET ADDRESS (Dept./Floor)		UNIT 5 HERON PARK OFFICE BEHIND INDUSTRIAL ES		STREET ADDRESS (Dept./Floor)		SUITE 272 WOODLANDS BOULEVARD	
CITY		SUBURB		CITY		SUBURB	
SOMERSET WEST		7130		WOODLANDS		7130	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
8	Boxes	62	42	35		218	
1	Box	50	48	34		19	
							FEW BOXES DAMAGED
							COLLECTED BY:
							SIGNATURE:
							DATE: 26/10/16 TIME: 11:46
TEST WEIGHT (OFFICE USE)							237kg
SERVICES PLEASE SELECT SERVICE <input checked="" type="checkbox"/> 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	
CHECKED IN		CLOYDE		26/10/16			
CHECKED OUT							
CHECKED IN							
CHECKED OUT							
OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIER (SEE REVERSE)				SENDER'S SIGNATURE:			
				DATE: 26-10-16			
				PRINT NAME:			
				TIME: 11:46			
PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION				RECEIVER'S SIGNATURE:			
				DATE: 28/10/2016			
				PRINT NAME: HOPE			
				TIME: 11:46			

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES.  
WE DRAW YOUR ATTENTION TO THE SUMMARISED VERSION OF OUR TERMS & CONDITIONS AS ACCEPTED BY YOU ON THE REVERSE OF OUR WAYBILL.  
YOU ACKNOWLEDGE THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.