

CH/NO FD20 TF GP



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EMIT 320027

ACCOUNT NUMBER MDU001		CLIENT REFERENCE CST IREN BIS/Tricky 14		OFFICE REFERENCE CST IREN BIS/Tricky 14		DATE	
SENDER (Your Name)			TEL 021 851 7178		RECEIVER (Name)		
COMPANY (Name) LE CREUSSET SOMERSET WEST			COMPANY (Name) LE CREUSSET CLEARWATER				
STREET ADDRESS (Dept./Floor) UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ES OLD PAARDEVILIE ROAD			STREET ADDRESS (Dept./Floor) 540P UNCT04 CLEARWATER RD JOHANNESBURG				
CITY SOMERSET WEST			SUBURB		CITY JOHANNESBURG		
POSTAL CODE			POSTAL CODE				
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
4	Boxes	62	42	38		132	
1	Box	50	48	34		19	
1	Box	56	33	42		9	
1	Box	27	27	27		3	
							COLLECTED BY:
							SIGNATURE: <i>[Signature]</i>
							DATE: 5/10/16 TIME:
TEST WEIGHT (OFFICE USE)					16.3kg		
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	<i>[Signature]</i>	SENDER'S SIGNATURE: <i>[Signature]</i> DATE: 5.10.16			
CHECKED OUT	Oliver	05/10/16	<i>[Signature]</i>	PRINT NAME: <i>[Signature]</i> TIME:			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE: <i>[Signature]</i> DATE: 07/10/2016			
				PRINT NAME: TIME: 14/10/16			

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.