



Johannesburg
278/7 E.P. Malan Street
Pomona 1619, Kempton Park
Tel: +27 861 977 224
Fax: +27 865 402 378
ops@emit.za.net

Cape Town
Nettex Business Park
18 Sacks Circle
Bellville South
Tel: +27 21 951 1919
sales@emit.za.net

Durban
Unit 10, Gate 3
124 Escorn Road, New Germany
Industrial Park, Pinetown, KZN
Tel: +27 31 705 7827
www.emit.za.net

Port Elizabeth
Unit 10, Aldo Business Park
Gate 2, Greenbushes Industrial Park
Old Cape Road, Greenbushes
Tel: +27 41 372 1193



EMIT 320011

CHICLO F22 TF GP

ACCOUNT NUMBER	CLIENT REFERENCE	OFFICE REFERENCE	DATE
MOV001	CAS IRON BIS	CAS IRON BIS/TRAPLYR	

SENDER (Your Name)		TEL 021 851 7178	RECEIVER (Name)		012 997 3737
COMPANY (Name) LE CREUSET SOMERSET WEST			COMPANY (Name) LE CREUSET MOONLANDS		
STREET ADDRESS (Dept./Floor) UNIT 5 HERON PARK ON THE GROVE INDUSTRIAL ES OLD PAARDEVELIE ROAD			STREET ADDRESS (Dept./Floor) SHOP 274 MOONLANDS BOULEV CNR GARSFONTEIN DE VILLEROIS MAURELLE DE		
CITY SOMERSET WEST		SUBURB	CITY MORELETA PARK		SUBURB

NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
5	BOXES	62	42	38		160	✓
1	Box	46	46	27		15	
1	Box	34	42	55		9	
1	Box	50	48	34		15	

TEST WEIGHT (OFFICE USE)	199Kg	DATE: 5/10/16	TIME:
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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	08/10/16	05/10/16	[Signature]	SENDER'S SIGNATURE: [Signature] DATE: 5.10.16
CHECKED OUT	[Signature]	05/10/16	[Signature]	PRINT NAME: MARCHELL TIME:
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION
CHECKED OUT				RECEIVER'S SIGNATURE: [Signature] DATE: 08/10/16
				PRINT NAME: Caroline TIME: 10818

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.