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EMIT 1489626

| ACCOUNT NUMBER | | CLIENT REFERENCE | | OFFICE REFERENCE | | DATE | |
|--|-------------------------------------|-------------------------|-----------|---|------------------|----------------------------|----------------------|
| SENDER (Your Name) <u>Ellen</u> | | TEL <u>011 568 4745</u> | | RECEIVER (Name) <u>Lauren</u> | | TEL <u>021 851 7178</u> | |
| COMPANY (Name) <u>Le Creuset</u> | | | | COMPANY (Name) <u>Le Creuset</u> | | | |
| STREET ADDRESS (Dept./Floor) <u>Shop 202 A</u> | | | | STREET ADDRESS (Dept./Floor) <u>unit 5 Heron Park</u> | | | |
| <u>Rosebank Mall</u> | | POSTAL CODE <u>2196</u> | | <u>Olive Grove</u> | | POSTAL CODE <u>2001</u> | |
| CITY <u>JHB</u> | | SUBURB <u>Rosebank</u> | | CITY <u>Cape Town</u> | | SUBURB <u>Somerset Wes</u> | |
| NO OF PACKAGES | DESCRIPTION OF PACKAGE | LENGTH CM | WIDTH CM | HEIGHT CM | VOLUME WEIGHT KG | ACTUAL WEIGHT | SPECIAL INSTRUCTIONS |
| <u>19</u> | <u>Boxes + Bubble wrapped Items</u> | <u>47</u> | <u>46</u> | <u>25</u> | <u>1 (1)</u> | | |
| | | <u>50</u> | <u>46</u> | <u>52</u> | <u>1 (2)</u> | | |
| | | <u>66</u> | <u>42</u> | <u>41</u> | <u>1 (1)</u> | | |
| <u>21</u> | <u>Boxes</u> | <u>53</u> | <u>41</u> | <u>25</u> | <u>1 (1)</u> | | |
| <u>3</u> | <u>Parcels</u> | <u>52</u> | <u>32</u> | <u>47</u> | <u>1 (1)</u> | | |
| | | <u>74</u> | <u>55</u> | <u>20</u> | <u>1 (1)</u> | | |
| | <u>Total 24</u> | <u>50</u> | <u>43</u> | <u>30</u> | <u>1 (1)</u> | | |
| | | <u>89</u> | <u>46</u> | <u>31</u> | <u>1 (1)</u> | | |
| TEST WEIGHT (OFFICE USE) | | <u>48</u> | <u>46</u> | <u>48</u> | <u>1 (1)</u> | <u>451kg</u> | |

COLLECTED BY:
SIGNATURE: [Signature]
DATE: 03/11/17 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 | <u>E/1215</u> | <u>03/11/17</u> | <u>M/E</u> | SENDER'S SIGNATURE: <u>[Signature]</u> DATE <u>3/11/2017</u> | | | | | |
| CHECKED OUT | | | | PRINT NAME: <u>Teslyn</u> TIME _____ | | | | | |
| CHECKED IN | | | | PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION | | | | | |
| CHECKED OUT | | | | RECEIVER'S SIGNATURE: <u>[Signature]</u> DATE <u>6-11-17</u> | | | | | |
| | | | | PRINT NAME: <u>EN/170</u> TIME <u>16:35</u> | | | | | |

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.

LIFEPLAN 51 011 474 1828 EMIT01/002 0717 20004