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EMIT 251426

ACCOUNT NUMBER		CLIENT REFERENCE ANNUAL		OFFICE REFERENCE ANNUAL		DATE	
SENDER (Your Name)		TEL		RECEIVER (Name)		Tel: +27 21 951 1919	
COMPANY (Name)		MOV001		COMPANY (Name)			
STREET ADDRESS (Dept./Floor)		LE CREUST		STREET ADDRESS (Dept./Floor)		LE CREUSET LA LUCIA	
CITY		UNIT 5 HERON PARK OLD GROVE INDUSTRIAL SUBURB		CITY		SHOP 3 LA LUCIA 90 WILLIAM CAMPBELL DRIVE SUBURB	
POSTAL CODE		7130		POSTAL CODE		4051	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
1	PALLET (20 BOXES)	105	120	196		509	Y N
1	PALLET (31 BOXES)	105	120	177		336	INSURANCE VALUE
1	PALLET (28 BOXES)	86	121	137		267	
							SPECIAL INSTRUCTIONS
							09:00 Am
							COLLECTED BY: VALENTINO
							SIGNATURE: [Signature]
TEST WEIGHT (OFFICE USE) 3 Pallets							1112 kg
DATE: 12/7/16							TIME:
SERVICES PLEASE SELECT SERVICE / IN BOX							
DOOR TO DOOR ECONOMY		DIRECT LOAD		AIR		SAME DAY	
HAZARDOUS CARGO							
OFFICE USE ONLY	NAME	DATE	SIGN				
CHECKED IN	Matu	12-7-16	[Signature]				
CHECKED OUT	Joy	2/7/16	[Signature]				
CHECKED IN							
CHECKED OUT							
OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)							
SENDERS SIGNATURE: [Signature]				DATE: 12-7-16			
PRINT NAME: [Signature]				TIME:			
PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION							
RECEIVER'S SIGNATURE: [Signature]				DATE: 15/07/2016			
PRINT NAME: Atisha				TIME: 11:02			

POD COPY

Uniprint-E 031 560 2300 07/2013

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