



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



EMIT 251298

REVERSING TIME		ACCOUNT NUMBER MOV001		CLIENT REFERENCE 521A/ALLO		OFFICE REFERENCE 521A/ALLO		DATE	
SENDER (Your Name)		TEL		RECEIVER (Name)		Tel: +27 21 951 1919		TEL 031 265 845	
COMPANY (Name)		LE CREUST		COMPANY (Name)		LE CREUSET PAVILION			
STREET ADDRESS (Dept./Floor)		UNIT 5 HERON PARK OLD GROVE INDUSTRIAL		STREET ADDRESS (Dept./Floor)		SHOP UL262 PAVILION SHOPPING CENTRE			
		POSTAL CODE 7130				JACK MAARTENS DRIVE		POSTAL CODE 3629	
CITY		SOMERSET WEST SUBURB		CITY		WESTVILLE		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN		
3	BOXES	62	42	38		59	Y	N	
1	Box	46	46	52		17	INSURANCE VALUE		
2	Boxes	50	48	34		39			
1	BUBBLE WRAP	52	52	125		6	SPECIAL INSTRUCTIONS		
							COLLECTED BY: M. CHAMBERLAIN		
							SIGNATURE: [Signature]		
TEST WEIGHT (OFFICE USE)						(234)		DATE: 26/07/16 TIME: 16:10	
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		Martin	26-7-16	[Signature]	SENDERS SIGNATURE: [Signature] DATE: 21-7-16				
CHECKED OUT		Clive	26/07/16	[Signature]	PRINT NAME: FRANK TIME:				
CHECKED IN					PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION				
CHECKED OUT					RECEIVER'S SIGNATURE: [Signature] DATE: 28/07/2016				
					PRINT NAME: ZANA TIME: 11:30				

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