



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 Escrom 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 251309

ACCOUNT NUMBER MOV001		CLIENT REFERENCE 538A-839		OFFICE REFERENCE 538A-839		DATE		
SENDER (Your Name)			TEL		RECEIVER (Name)		Tel: +27 21 951 1919	
COMPANY (Name) LE CREUSET			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 JACK MAARTENS DRIVE					
CITY SOMERSET WEST SUBURB			CITY WESTVILLE SUBURB					
POSTAL CODE 7130		POSTAL CODE 3629						
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN	
3	BOXES	46	46	52	117	77	Y N	
2	BOXES	62	42	38	88	53	INSURANCE VALUE	
1	Box	35	35	35	42	13	SPECIAL INSTRUCTIONS	
1	Box	37	29	42	42	13		
1	Box	40	35	42	42	13		
1	Box	50	26	42	42	13		
1	Box	37	34	42	42	7	COLLECTED BY:	
TEST WEIGHT (OFFICE USE)						171	SIGNATURE: <i>[Signature]</i>	
DATE: 5/9/16						TIME: 10:54		
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				
CHECKED IN		<i>Wahne</i>	05-09-16	<i>[Signature]</i>				
CHECKED OUT		<i>Jey</i>	05/9/16	<i>[Signature]</i>				
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)								
SENDER'S SIGNATURE: <i>[Signature]</i>				DATE: 5-9-16				
PRINT NAME: <i>M. MARICHAL</i>				TIME: _____				
PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION								
RECEIVER'S SIGNATURE: <i>SHALEEN</i>				DATE: 07/9/2016				
PRINT NAME: <i>[Signature]</i>				TIME: 10:54				

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