



Johannesburg
278/7 E.P. Meian 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
Belville 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 321499

ACCOUNT NUMBER MDV001	CLIENT REFERENCE MAUVE & INKALL	OFFICE REFERENCE GRIP ALL	DATE
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SENDER (Your Name)		TEL 021 851 7178	RECEIVER (Name)	
COMPANY (Name) LE CREUSET SOMERSET WEST			COMPANY (Name) LE CREUSET BROOKLYN	
STREET ADDRESS (Dept./Floor) UNIT 5 MERON PARK OLIVE GROVE INDUSTRIAL ES OLD PAARDEVLIJE ROAD			STREET ADDRESS (Dept./Floor) SHOP 318 BROOKLYN HALL	
CITY SOMERSET WEST			CITY BROOKLYN	POSTAL CODE
SUBURB 7130			SUBURB	POSTAL CODE

NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
4	BOXES	50	48	34		90	✓
1	Box	62	42	38		25	
1	Box	35	35	35		11	

COLLECTED BY:
SIGNATURE: *ISAAC*
DATE: 11/10/16 TIME:

TEST WEIGHT (OFFICE USE)

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	<i>John</i>	11/10/16	<i>[Signature]</i>	SENDER'S SIGNATURE: <i>[Signature]</i> DATE: 11/10/16
CHECKED OUT	<i>Jody</i>	11/10/16	<i>[Signature]</i>	PRINT NAME: <i>MARSHALL</i> TIME:
CHECKED IN	<i>Westman</i>	13/10/16	<i>[Signature]</i>	PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION
CHECKED OUT				RECEIVER'S SIGNATURE: <i>[Signature]</i> DATE: 14/10/16 TIME: 17:00

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.

POD COPY

Uniprint-F 031 560 2300 07/2013