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EMIT 251349

ACCOUNT NUMBER MOV001		CLIENT REFERENCE 558		OFFICE REFERENCE 558		DATE	
SENDER (Your Name) LE CREUST			TEL	RECEIVER (Name) LE CREUSET PAVILION		Tel: +27 21 951 1919 TEL 031 265 845	
STREET ADDRESS (Dept./Floor) UNIT 5 HERON PARK OLD GROVE INDUSTRIAL				STREET ADDRESS (Dept./Floor) SHOP UL262 PAVILION SHOPPING CENTRE JACK MAARTENS DRIVE			
			POSTAL CODE 7130			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
2	BOXES ✓	46	46	52		49	Y N
1	Box ✓	62	42	38		32	INSURANCE VALUE
1	Box ✓	50	48	34		20	
							SPECIAL INSTRUCTIONS
							COLLECTED BY:
							SIGNATURE:
TEST WEIGHT (OFFICE USE)					101		DATE: _____ 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 checked="" type="checkbox"/>		HAZARDOUS CARGO <input type="checkbox"/>	
OFFICE USE ONLY		NAME	DATE	SIGN		OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDESTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)			
CHECKED IN						SENDER'S SIGNATURE: DATE 27-10-16			
CHECKED OUT			28/10/16			PRINT NAME: FRANCO TIME _____			
CHECKED IN						PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT						RECEIVER'S SIGNATURE: DATE _____			
						PRINT NAME: FRANCO TIME _____			

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

Uniprint-F 031 560 2300 07/2013