

# DELIVERY NOTE




# P.O.D. COPY

Dispatched on 19 September 2018



**LECRS05110209**

<b>SHIPMENT DETAILS</b> From: LE CREUSET Contact: FRANCI Phone: 0218517178	MUG,	<div style="border: 1px solid black; padding: 5px;"> <p>19/09/2018</p> <p>From Le Creuset</p> <p>To <b>LE CREUSET TABLE BAY MALL</b>  <b>SHOP G086</b>  <b>TABLE BAY MALL</b>  <b>Corner R27 Road BERKSHIRE Boulevard</b>  <b>BLOUBERGSTRAND</b>  <b>CAPE TOWN 7436</b>  <b>SOUTH AFRICA</b></p> <p>Contact ALHADIA          Phone 0213003148          Ref MUG</p> <p style="text-align: right;"><b>LECRT05145482</b></p> <p style="text-align: right;">SHIPMENT: LECRS05110209</p> <p style="text-align: right;">PARCEL MASS: 9.00</p> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p><b>ECO</b></p> <p><b>HUB: SUNCPT</b></p> <p><b>TOWN: CPT</b></p> <p><b>ZONE:</b></p> </div> <p style="text-align: right;">Parcel 1 of 1</p>  </div>		
To: LE CREUSET TABLE BAY MALL SHOP G086 TABLE BAY MALL CORNER R27 ROAD BERKSHIRE BOULEVARD  BLOUBERGSTRAND, 7436 CAPE TOWN  Contact: ALHADIA Phone: 0213003148		<b>Received by Consignee:</b> Print Name: <i>Sibo</i>  Signature: <i>[Signature]</i>  Date: <i>20/09/18</i> Time: <i>11:29</i>	<b>Company Stamp or Endorsements:</b>	
Origin Code: SSW Destination Code: CPT Service: 6 Liability Value: R0 Incidental Liability R Analysis Code: Contents --- Account No: 027766      Account Holder: S Account Name: LE CREUSET No. of Parcels: 1 Total Mass: 9      Total Volume: 42875 References: MUG				