

Special Instructions:

Destination Code: CPT

Service: ONX

CPT

ONX

Sender remains liable for all charges if not settled by the nominated party within 30 days.
This shipment is accepted by UTITM subject to the conditions as agreed and acknowledged on the credit application.

DELIVERY NOTE



P.O.D. COPY

Dispatched on 24 July 2018

159072



LEEC510282683

SHIPMENT DETAILS From: LE CREUSET Contact: MARY Phone: 0213001779	159072,	<div data-bbox="917 411 1283 637"> <p>24/07/2018 From Le Creuset To LESLYNN JONGEBLOED C/O MELOMED HOSPITAL 148 IMAM HARON Road CLAREMONT CAPE TOWN 7708 SOUTH AFRICA</p> </div> <div data-bbox="1509 418 1773 459"> <p>LEECT10287764</p> </div> <div data-bbox="1499 487 1764 514"> <p>SHIPMENT: LEECS10282683</p> </div> <div data-bbox="1499 596 1695 624"> <p>PARCEL MASS: 1.00</p> </div> <div data-bbox="1499 644 1793 864"> <div style="border: 2px solid black; padding: 5px;"> <p style="font-size: 24px; margin: 0;">ONX</p> <p style="margin: 0;">HUB: SUNCPT</p> <p style="margin: 0;">TOWN: CPT</p> <p style="margin: 0;">ZONE:</p> </div> </div> <div data-bbox="917 706 1293 802"> <p>Contact LESLYNN JONGEBLOED Phone 0827395032 Ref 159072, 20A32512</p> </div> <div data-bbox="1489 871 1685 898"> <p>Parcel 1 of 1</p> </div> <div data-bbox="1342 891 1773 946"> </div>	
To: LESLYNN JONGEBLOED C/O MELOMED HOSPITAL 148 IMAM HARON ROAD CLAREMONT, 7708 CAPE TOWN SOUTH AFRICA Contact: LESLYNN JONGEBLOED Phone: 0827395032			
Origin Code: SSW Destination Code: CPT Service: 1 Liability Value: R0 Incidental Liability R Analysis Code: Contents --- Account No: 027877 Account Holder: S Account Name: LE CREUSET No. of Parcels: 1 Total Mass: 1 Total Volume: 1620 References:		Received by Consignee: Print Name: <i>Amber</i> Signature: <i>[Signature]</i> Date: <i>25/07/18</i> Time: <i>10H50</i>	Company Stamp or Endorsements: