Destination Code:

Service:

SIX **ECO**

Sender remails 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 07 November 2018

163660

20A36479, 163660,



LEECS10308115

SHIPMENT DETAILS

LE CREUSET From:

Contact: MARY

Phone: 0213001779

To: FATIMA HANSROD

MELOMED HOSPITAL TOKAI

SUITE 511

5 KEYSER STREET

RETREAT, 7945 STEENBERG SOUTH AFRICA

Contact: FATIMA HANSROD

0217122705 Phone:

Origin Code: SSW Destination Code: STX 6 Service:

RO Liability Value: Incidental Liability R

Analysis Code:

Contents

Account Holder: S Account No: 027877

LE CREUSET Account Name:

No. of Parcels:

Total Mass:

19683 Total Volume:

20A36479, 163660 References:

07/11/2018

From Le Creuset

FATIMA HANSROD To

MELOMED HOSPITAL TOKAI

SUITE 511

5 KEYSER Street

RETREAT

STEENBERG 7945 SOUTH AFRICA

Contact FATIMA HANSROD

0217122705 Phone

20A36479, 163660 Ref

LEECT10313930

SHIPMENT: LEECS10308115

PARCEL MASS: 4.00

HUB: SUNCPT TOWN: STX ZONE:

Parcel 1 of 1



Received by Consignee:

Print Name:

Signature:

Date:

Time: (0 ! 44

Company Stamp or Endorsements

Psychiatrist Practise No. 0570354

Tel No.: 021 712 2705

Suite 511, 5th Floo . Tokai Melomed

Email: drhansrod@gmail.com