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EMIT 320042

BK 97 FC GP

ACCOUNT NUMBER	CLIENT REFERENCE	OFFICE REFERENCE	DATE
MDV001	653-654	653-654	

SENDER (Your Name)		TEL 021 851 7178		RECEIVER (Name)			
COMPANY (Name)		LE CROUSET SOMERSET WEST		COMPANY (Name)		LE CROUSET CLARWATER	
STREET ADDRESS (Dept./Floor)		UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ES 10 D PAARDEVILLE ROAD		STREET ADDRESS (Dept./Floor)		SUITE 110/11A DE WET CHRISTIAAN DE WET TOWNSHIP	
CITY		SOMERSET WEST		CITY		SUBURB	
SUBURB				SUBURB			
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
1	Box	50	26	40		9	
1	Box	49	30	24		4	
1	Box	58	34	44		10	
1	Box	52	27	48		11	
3	BOXES	62	42	38		60	
2	BOXES	46	46	52		46	
1	Box	46	46	27		25	
(10)							
TEST WEIGHT (OFFICE USE)						165	

COLLECTED BY:  
SIGNATURE: *M. M. M.*  
DATE: 04/10/16 TIME: 16:40

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	SIGNATURE
CHECKED IN	T. M. M.	4/10/16	
CHECKED OUT	REGGIE	04/10/16	
CHECKED IN			
CHECKED OUT			
OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)			
SENDER'S SIGNATURE: <i>M. M. M.</i>		DATE: 04/10/16	
PRINT NAME: MARC M. M.		TIME: 16:40	
PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
RECEIVER'S SIGNATURE: <i>Lisa</i>		DATE: 04/10/16	
PRINT NAME: LISA		TIME: 16:40	

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