

CH44680 1cm



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EMIT 251315

ACCOUNT NUMBER <b>MOV001</b>		CLIENT REFERENCE <b>555/410</b>		OFFICE REFERENCE <b>555/410</b>		DATE	
SENDER (Your Name)		TEL		RECEIVER (Name)		Tel: +27 21 951 1919	
COMPANY (Name) <b>LE CREUST</b>		COMPANY (Name) <b>LE CREUSET PAVILION</b>		STREET ADDRESS (Dept./Floor) <b>SHOP UL262</b>		TEL <b>031 265 845</b>	
STREET ADDRESS (Dept./Floor) <b>UNIT 5 HERON PARK</b>		POSTAL CODE <b>7130</b>		STREET ADDRESS (Dept./Floor) <b>PAVILION SHOPPING CENTRE</b>		POSTAL CODE <b>3629</b>	
CITY <b>SOMERSET WEST</b>		SUBURB		CITY <b>WESTVILLE</b>		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
3	BOXES	62	42	38		81	Y N
7	BOXES	46	46	52		151	INSURANCE VALUE
1	BOX	35	35	35		8	
1	BOX	37	29	44		9	SPECIAL INSTRUCTIONS
	7+						
TEST WEIGHT (OFFICE USE)						249	COLLECTED BY: SIGNATURE: <i>[Signature]</i> DATE: 18/10/16 TIME: 11
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	SIGN	OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)			
CHECKED IN	<i>John</i>	18/10/16	<i>[Signature]</i>	SENDER'S SIGNATURE: <i>[Signature]</i> DATE: 18-10-16			
CHECKED OUT	<i>Edwin</i>	18/10/2016	<i>[Signature]</i>	PRINT NAME: <i>MARSHALL</i> TIME: _____			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE: <i>[Signature]</i> DATE: 9:50			
				PRINT NAME: <i>Caren</i> TIME: 9:50			

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

POD COPY

Unipoint-F 031 590 2300 07/2013