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EMIT 287196

ACCOUNT NUMBER MDV001	CLIENT REFERENCE WINE COOLER	OFFICE REFERENCE WINE COOLER	DATE
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SENDER (Your Name)		TEL 031 717 7178		RECEIVER (Name)		TEL 031 763 1525	
COMPANY (Name) LE CREUSET CPT				COMPANY (Name) LE CREUSET WATERCREST			
STREET ADDRESS (Dept./Floor) UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL EST OLD PAARDEVLEI				STREET ADDRESS (Dept./Floor) SHOP U504 WATERCREST MALL INANDA ROAD			
CITY SOMERSET WEST		SUBURB 7130		CITY WATERFALL		SUBURB 3552	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
1	Box	48	35	17		12	Y N
							INSURANCE VALUE
							SPECIAL INSTRUCTIONS
							COLLECTED BY: MICHAEL
							SIGNATURE: [Signature]
TEST WEIGHT (OFFICE USE)							DATE: 01/03/16 TIME: 15:40

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	SIGN	OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)					
CHECKED IN	Theo	01/03/16	[Signature]	SENDERS SIGNATURE: MARC HALL DATE 1.3.16					
CHECKED OUT	Andy	11/3/16	[Signature]	PRINT NAME: [Signature] TIME					
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION					
CHECKED OUT				RECEIVER'S SIGNATURE: [Signature] DATE 03/03/16					
				PRINT NAME: Supranelo TIME 11:41					

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

Unit 10 F 031 500 2300 07/2013