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EMIT 251296

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POD COPY

ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
MOV001		ANNUAL		ANNUAL			
SENDER (Your Name)		TEL		RECEIVER (Name)		TEL 031 265 845	
COMPANY (Name) LE CREUST		COMPANY (Name) LE CREUSET PAVILION					
STREET ADDRESS (Dept./Floor) UNIT 5 HERON PARK OLD GROVE INDUSTRIAL		STREET ADDRESS (Dept./Floor) SHOP UL262 PAVILION SHOPPING CENTRE					
POSTAL CODE 7130		POSTAL CODE 3629					
CITY SOMERSET WEST		CITY WESTVILLE		SUBURB			
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
1	PALLET (29 BOXES)	120	100	184		480	Y N
1	PALLET (20 BOXES)	120	100	125		202	INSURANCE VALUE
							SPECIAL INSTRUCTIONS
							COLLECTED BY:
							SIGNATURE:
TEST WEIGHT (OFFICE USE)							682
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	Hy	13/07/16		SENDERS SIGNATURE: [Signature] DATE 13-7/16			
CHECKED OUT	Joy	18/7/16		PRINT NAME: FRANKI TIME			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE: [Signature] DATE 19/07/2016			
				PRINT NAME: Shaheen TIME 5:03pm			

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

Uniprint-F 031 560 2300 07/2013