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EMIT 350169

ACCOUNT NUMBER MOV001		CLIENT REFERENCE STATIONARY		OFFICE REFERENCE STATIONARY		DATE 8/9/16		
SENDER (Your Name)			TEL		RECEIVER (Name) TONI		012 004 0082	
COMPANY (Name) LE GEUSET HD SA				COMPANY (Name) LE CREUSET MENLYN				
STREET ADDRESS (Dept./Floor) UNIT 5 HERON PARK OLIVE GROVE ESTATE				STREET ADDRESS (Dept./Floor) SHOP 12 MENLYN MAINE JANUARY HASTILELA AMARAND AVE				
CITY OLD PAARDEVLEI RD SUBURB 7130				CITY WATERKLOOF EXT 2 SUBURB				
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS	
1	Bubble WRAP	85	16	10		2		
1	Box	57	44	26		13		
1	Box	71	36	36		18		
6	BOXES	46	44	34		149		
							COLLECTED BY: MICHAEL SIGNATURE: DATE: 08/9/16 TIME: 16:00	
TEST WEIGHT (OFFICE USE)					182kg			
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) SENDER'S SIGNATURE: <i>[Signature]</i> DATE: 8-9-16 PRINT NAME: MICHAEL TIME: PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION RECEIVER'S SIGNATURE: <i>[Signature]</i> DATE: 12/09/2016 PRINT NAME: SAMANTHA TIME: 09:00			
CHECKED IN	<i>[Signature]</i>	08-09-16	<i>[Signature]</i>					
CHECKED OUT	<i>[Signature]</i>	08/9/16	<i>[Signature]</i>					
CHECKED IN								
CHECKED OUT								

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.
YOU ACKNOWLEDGE THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.