



Johannesburg
2787 E.P. Maran Street
Pomona 1619, Kempton Park
Tel: +27 861 977 224
Fax: +27 865 402 378
ops@emit.za.net

Cape Town
Nalco Business Park
18 Sacks Circle
Bellville South
Tel: +27 21 951 1919
sales@emit.za.net

Durban
Unit 10, Gate 3
124 Eskom Road, New Germany
Inanda P.O. Box 1000, KZN
Tel: +27 31 705 7827
www.emit.za.net

Port Elizabeth
Unit 10, Aldo Business Park
Gate 2, Greenbushes Industrial Park
Old Cape Road, Greenbushes
Tel: +27 41 372 1193



EMIT 350187

REVERSING TIME

SENDER (Your Name)	ACCOUNT NUMBER MDV001	CLIENT REFERENCE OPENING STOCK	OFFICE REFERENCE OPENING STOCK	DATE
-----------------------	--------------------------	-----------------------------------	-----------------------------------	------

COMPANY (Name)	TEL	RECEIVER (Name)	TDNI	012 014 0082
-------------------	-----	--------------------	------	--------------

STREET ADDRESS (Dept./Floor)	COMPANY (Name)	LE CREUSET MENLYN
---------------------------------	-------------------	-------------------

UNIT 5 HERONI PARK	STREET ADDRESS (Dept./Floor)	SHOP 12 MENLYN MAINE
-----------------------	---------------------------------	----------------------

OLIVE GROVE ESTATE	POSTAL CODE	JANUARY MASILELA HOSPITAL AMARAND AVE
--------------------	----------------	------------------------------------------

OLD PAARDEVELD RD	CITY	WATERLOO EXT 2
-------------------	------	----------------

SUBURB	7130	SUBURB
--------	------	--------

NO. OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
1	PALLET (20 BOXES)	120	100	203		641	
1	PALLET (20 BOXES)	120	100	203		567	
1	PALLET (20 BOXES)	120	100	203		624	
1	PALLET (20 BOXES)	120	100	203		627	
1	PALLET (12 BOXES)	120	100	152		311	
1	PALLET (12 BOXES)	120	100	138		312	
1	PALLET (29 BOXES)	120	100	200		464	

TEST WEIGHT (OFFICE USE)						25466	
--------------------------	--	--	--	--	--	-------	--

SERVICES PLEASE SELECT SERVICE / IN BOX

DOOR TO DOOR ECONOMY	DIRECT LOAD	AIR	SAME DAY	HAZARDOUS CARGO
-------------------------	-------------	-----	----------	-----------------

OFFICE USE ONLY	NAME	DATE	SIGN
-----------------	------	------	------

CHECKED IN	W. G. R. v.	07-09-16	W. G. R. v.
------------	-------------	----------	-------------

CHECKED OUT			
-------------	--	--	--

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)

SENDERS SIGNATURE: *[Signature]* DATE: 7-9-16

PRINT NAME: *[Signature]* TIME: _____

PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION

RECEIVER'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TIME: _____

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.

POD COPY

Unprint-F: 031 560 2300 07/2013