

# SKY NET

## WORLDWIDE EXPRESS



LCR000074

<b>Sender</b> Le Creuset Unit 5 Heron Park Olive Grove Industrial Old Paaedevler Rd Somerset West Postal Code 7130		<b>Consignee</b> DR TAMIYA NAIR RADIOLOGY DEPARTMENT GROUND FLOOR 2 MILITARY HOSPITAL HOSPITAL ROAD WYNBERG Postal Code 7824																			
<b>Contact Name</b> Tel No	<b>Contact Name</b> DR TAMIYA NAIR Tel No 0765662960																				
<b>Service Type</b> RD	<b>Account Number To Be Charged</b> J17991																				
<table border="1"> <thead> <tr> <th>Prcs</th> <th>Description</th> <th>Length</th> <th>Breadth</th> <th>Height</th> <th>Mass</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>NEW BOX</td> <td>35</td> <td>35</td> <td>27</td> <td>7 00</td> </tr> <tr> <td colspan="5"></td> <td>0 00</td> </tr> </tbody> </table>	Prcs	Description	Length	Breadth	Height	Mass	1	NEW BOX	35	35	27	7 00						0 00			
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1	NEW BOX	35	35	27	7 00																
					0 00																
<b>Client Reference</b> TAMIYA NAIR																					
<b>Courier</b>																					
<b>Name</b> _____ <b>Date</b> _____ <b>Time</b> _____		<b>Sender Name</b> _____ <b>Date of Consignment</b> 21/09/2017																			
<b>Endorsements</b>		Please check the contents of this delivery prior to signing																			
<b>CONSIGNEE COPY</b>		<b>Consignee Signature</b>																			
		<b>Print Name</b> Dr. T. Nair																			
		<b>ID Number</b> 8110060127080																			
		<b>Tel No</b> 0765662960																			
		<b>Date of Receipt</b> 22/01/17																			
		<b>Time of Receipt</b> 10:30 -																			
		PLCR000074_0001																			