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EMIT 350175

ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
NOV001		CAST IRON TRIPLY		CAST IRON TRIPLY			
SENDER (Your Name)		TEL		RECEIVER (Name)		012 004 0082	
COMPANY (Name)		LE CREUSET HQ SA		COMPANY (Name)		LE CREUSET NEWLYN	
STREET ADDRESS (Dept./Floor)		UNIT 5 HERON PARK OLIVE BROVE ESTATE		STREET ADDRESS (Dept./Floor)		SHOP 12 NEWLYN MAINE JANUARY MASILELA AMARAND AVE	
CITY		SUBURB		CITY		SUBURB	
OLD PAARDEVLEI RD		7130		WATERKLOOF EXT 2			
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
10	BOXES	62	42	38		341	✓
1	Box	35	35	35		9	
1	Box	34	42	55		9	
TEST WEIGHT (OFFICE USE)						359 kg	
SERVICES PLEASE SELECT SERVICE / IN BOX							
DOOR TO DOOR ECONOMY		DIRECT LOAD		AIR		SAME DAY	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
HAZARDOUS CARGO		<input type="checkbox"/>					
OFFICE USE ONLY		NAME		DATE		SIGN	
CHECKED IN		Lyle		05/10/16		[Signature]	
CHECKED OUT		Dine		05/10/16		[Signature]	
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)							
SENDER'S SIGNATURE: [Signature]				DATE: 5-10-16			
PRINT NAME: MARSHALL				TIME: _____			
PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION							
RECEIVER'S SIGNATURE: [Signature]				DATE: 07-10-16			
PRINT NAME: Emma				TIME: 11:20			

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.