



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



**EMIT 334639**

ACCOUNT NUMBER FDV001	CLIENT REFERENCE 870	OFFICE REFERENCE 870	DATE
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SENDER (Your Name)			TEL		RECEIVER (Name)		031 572 5045	
COMPANY LE GEUSET HQ SA (Name)					COMPANY LE CREUST LA LUCIA.... (Name)			
STREET ADDRESS UNIT 5 (Dept./Floor) HERON PARK					STREET ADDRESS SHOP 3 (Dept./Floor)			
OLIVE GROVE INDUSTRIAL ESTATE POSTAL CODE					90 WILLIAM CAMPBELL ROAD LA LUCIA MALL POSTAL CODE			
CITY OLD PAARDEVLEI			SUBURB		CITY DURBAN		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS	
2	BOXES	46	46	52		48		
1	Box	46	46	27		12		
TEST WEIGHT (OFFICE USE)						60	COLLECTED BY: SIGNATURE: [Signature] DATE: 6-10-96 TIME:	

SERVICES PLEASE SELECT SERVICE <input checked="" type="checkbox"/> 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 UNDESTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)					
CHECKED IN				SENDER'S SIGNATURE: <u>[Signature]</u> DATE <u>10-10-16</u>					
CHECKED OUT	<u>THOMAS</u>	<u>10/10/16</u>	<u>[Signature]</u>	PRINT NAME: <u>MARCHALL</u> TIME _____					
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION					
CHECKED OUT				RECEIVER'S SIGNATURE: <u>[Signature]</u> DATE <u>12/10/2016</u>					
				PRINT NAME: <u>Helen</u> TIME <u>2:20</u>					

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.