

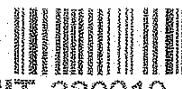


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**EMIT 320010**

ACCOUNT NUMBER

CLIENT REFERENCE

OFFICE REFERENCE

DATE

MOV001

677 675

SENDER (Your Name)		TEL 021 851 7175		RECEIVER (Name)			
COMPANY (Name)		LE CREUSSET SOMERSET WEST		COMPANY (Name)		LE CREUSSET MOONLANDS	
STREET ADDRESS (Dept./Floor)		UNIT 5 HERON PARK OLYVE GROVE INDUSTRIAL ES		STREET ADDRESS (Dept./Floor)		SUITE 724 MOONLANDS BOULEVARD	
		OLD PAARDEWIE ROAD				DNR GARSFONTEIN DE VILLEROTS MAIRIE	
CITY		SOMERSET WEST		CITY		MOONLANDS PARK	
SUBURB		2130		SUBURB		0800	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
3	BOXES	62	42	38		75	Del 9am ✓
4	BOXES	46	46	52		101	
1	BOX	27	27	27		2	
1	BOX	49	25	56		10	
2	BOXES	50	40	26		18	
TEST WEIGHT (OFFICE USE)		11 Boxes				206	

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)					
CHECKED IN	Theo	19.9.16	[Signature]	SENDER'S SIGNATURE: [Signature] DATE: 19.9.16					
CHECKED OUT	Conns	19/09/16	[Signature]	PRINT NAME: [Signature] TIME: [Signature]					
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION					
CHECKED OUT				RECEIVER'S SIGNATURE: L.M. K... DATE: 21/9/2016					
				PRINT NAME: Lesege TIME: 13:30					

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.