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EMIT 358578

ACCOUNT NUMBER M091401		CLIENT REFERENCE M0662		OFFICE REFERENCE LPS		DATE 11 305 2017	
SENDER (Your Name) LE CREUSET SOMERSET WEST			RECEIVER (Name) LE CREUSET WALL OF AFRICA			TEL	
COMPANY (Name)			COMPANY (Name)			STREET ADDRESS (Dept./Floor)	
STREET ADDRESS (Dept./Floor) 5 HEAUN PARK OLD GROVE INDUSTRIAL			STREET ADDRESS (Dept./Floor) SHOP 2040 WALL OF AFRICA CAR BEN SNOEMAN HIGHWAY			POSTAL CODE	
CITY			CITY			SUBURB	
SUBURB 7130			SUBURB WATERFALL ESTATE			SUBURB 1482	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
5	BOXES	46	46	52		124	
3	BOXES	62	42	38		90	
1	BOXE	50	48	34		17	
TEST WEIGHT (OFFICE USE)						231 kg	COLLECTED BY: SIGNATURE: <i>HARTUS</i> DATE: 14/11/16 TIME: 17:00
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 UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)			
CHECKED IN	<i>Andy</i>	<i>14/11/16</i>	<i>[Signature]</i>	SENDER'S SIGNATURE: _____ DATE _____			
CHECKED OUT	<i>[Signature]</i>	<i>14/11/16</i>	<i>[Signature]</i>	PRINT NAME: _____ TIME _____			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE: <i>[Signature]</i> DATE <i>16/11/2016</i>			
				PRINT NAME: <i>FUNDI</i> TIME <i>11:40</i>			

Unit:emit.F. 031 560 2500 07/2013

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