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**EMIT 358578**

ACCOUNT NUMBER MOB001		CLIENT REFERENCE MOB62		OFFICE REFERENCE LPS		DATE 011 565 2097	
SENDER (Your Name) LE CREUSET SOMERSET WEST		TEL		RECEIVER (Name) LE CREUSET MALL OF AFRICA			
COMPANY (Name) 5 HEAUN PARK				COMPANY (Name) SHOP 2040 MALL OF AFRICA			
STREET ADDRESS (Dept./Floor) OLD GROVE INDUSTRIAL				STREET ADDRESS (Dept./Floor) CAR BEN SHOENAN HIGHWAY			
		POSTAL CODE		ALLENDALE ROAD		POSTAL CODE	
CITY 7130		SUBURB		CITY WATERFALL ESTATE		SUBURB 1682	
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	
						COLLECTED BY:	
						SIGNATURE: <i>HARTLEY</i>	
						DATE: 14/11/16 TIME: 17:00	
TEST WEIGHT (OFFICE USE)						231 kg	
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	<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: 16/11/2016			
				PRINT NAME: FUNDI TIME: 11:40			

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

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