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EMIT 307927

ACCOUNT NUMBER

CLIENT REFERENCE

OFFICE REFERENCE

DATE

|                                    |                        |                |             |  |                     |                  |                      |
|------------------------------------|------------------------|----------------|-------------|--|---------------------|------------------|----------------------|
| SENDER<br>(Your Name)              |                        | TEL            |             | RECEIVER<br>(Name)                           |                     |                  |                      |
| COMPANY<br>(Name) <i>LeCreuset</i> |                        |                |             | COMPANY<br>(Name) <i>LeCreuset Hyde Park</i> |                     |                  |                      |
| STREET ADDRESS<br>(Dept./Floor)    |                        |                |             | STREET ADDRESS<br>(Dept./Floor)              |                     |                  |                      |
| <i>Somerset West</i>               |                        | POSTAL<br>CODE |             |  |                     | POSTAL<br>CODE   |                      |
| CITY                               |                        | SUBURB         |             | CITY <i>JHB</i>                              |                     | SUBURB           |                      |
| NO OF<br>PACKAGES                  | DESCRIPTION OF PACKAGE | LENGTH<br>CM   | WIDTH<br>CM | HEIGHT<br>CM                                 | VOLUME<br>WEIGHT KG | ACTUAL<br>WEIGHT | SPECIAL INSTRUCTIONS |
| <i>1</i>                           | <i>CTN</i>             | <i>26</i>      | <i>26</i>   | <i>37</i>                                    |                     |                  | <i>Reff</i>          |
|                                    |                        |                |             |  |                     |                  | <i>321 923</i>       |
|                                    |                        |                |             |  |                     |                  |                      |
|                                    |                        |                |             |  |                     |                  |                      |
|                                    |                        |                |             |  |                     |                  |                      |
|                                    |                        |                |             |  |                     |                  |                      |
|                                    |                        |                |             |  |                     |                  |                      |
|                                    |                        |                |             |  |                     |                  |                      |
|                                    |                        |                |             |  |                     |                  |                      |
| TEST WEIGHT (OFFICE USE)           |                        |                |             |  |                     | <i>2kg</i>       |                      |

SERVICES PLEASE SELECT SERVICE / IN BOX

DOOR TO DOOR  
ECONOMY

DIRECT LOAD

AIR

SAME DAY

HAZARDOUS CARGO

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

*PETER*

*03-11-16*

*[Signature]*

SENDER'S SIGNATURE

DATE *03-11-16*

CHECKED OUT

*PETER*

*03/11/16*

*[Signature]*

PRINT NAME

TIME

CHECKED IN

PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION

CHECKED OUT

RECEIVER'S SIGNATURE

DATE

*07/11/2016*

PRINT NAME

TIME

*10:20*

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.