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EMIT 251316

ACCOUNT NUMBER
M0V001

CLIENT REFERENCE
RIVIERA SW 553/554

OFFICE REFERENCE
RIVIERA SW 553/554

DATE

SENDER (Your Name)	TEL	RECEIVER (Name)	Tel: +27 21 951 1919	TEL	031 265 845
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COMPANY (Name)	LE CREUST	COMPANY (Name)	LE CREUSET PAVILION
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STREET ADDRESS (Dept./Floor)	UNIT 5 HERON PARK OLD GROVE INDUSTRIAL	STREET ADDRESS (Dept./Floor)	SHOP UL262 PAVILION SHOPPING CENTRE JACK MAARTENS DRIVE
POSTAL CODE	7130	POSTAL CODE	3629

CITY	SOMERSET WEST SUBURB	CITY	WESTVILLE SUBURB
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NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN	
3	Boxes ✓	46	106	52		62	Y	N
1	Box ✓	50	48	34		22	INSURANCE VALUE	
1	BUBBLE WRAP ✓	52	52	125		6		
1	Box ✓	27	27	27		4	SPECIAL INSTRUCTIONS	
							COLLECTED BY:	
							SIGNATURE: CHRIS	
							DATE: 14/10/16 TIME: _____	

TEST WEIGHT (OFFICE USE)

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"/>
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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	Loquis	14.10.16	[Signature]	SENDER'S SIGNATURE: [Signature]	DATE: 14.10.16
CHECKED OUT	Conni	14.10.16	[Signature]	PRINT NAME: MATHANU	TIME: _____
CHECKED IN	[Signature]	17/10/17	[Signature]	PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION	
CHECKED OUT	[Signature]		[Signature]	RECEIVER'S SIGNATURE: [Signature]	DATE: 17/10/16
				PRINT NAME: JOURNAL	TIME: _____

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES
YOUR ATTENTION IS DRAWN TO THE TERMS & CONDITIONS OF CARRIAGE ON THE REVERSE OF THIS WAYBILL

UNIT

Unit-1-F 031 560 2300 07/2013