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EMIT 260941

ACCOUNT NUMBER MDV001	CLIENT REFERENCE BIS-TRIPLY 25	OFFICE REFERENCE BIS-TRIPLY 25	DATE
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SENDER (Your Name) LE CREUSET SOMERSET WEST.	TEL	RECEIVER (Name) LE CREUSET WATERCREST	Tel: +27 21 951 1919	TEL 031 763 1525
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COMPANY (Name)	COMPANY (Name)
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STREET ADDRESS (Dept./Floor) 5 HERON PARK OLIVE GROVE IND EST	STREET ADDRESS (Dept./Floor) SHOP U604 WATERCREST MALL
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POSTAL CODE	INANDA ROAD	POSTAL CODE
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CITY	SUBURB	7130	CITY	SUBURB	3652
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NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
1	Box	55	33	42		9	Y N
2	BOXES	46	46	38			INSURANCE VALUE

1	BOX	46	42	27		9	SPECIAL INSTRUCTIONS
3	BOXES	62	42	38		93	

							COLLECTED BY:
							SIGNATURE:

TEST WEIGHT (OFFICE USE)	111Kg	DATE: 5/10/16	TIME:
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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	Lyle	05/10/16		SENDER'S SIGNATURE: DATE: 5/10/16
CHECKED OUT	Lyle	05/10/16		PRINT NAME: MARSHALL TIME:
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION
CHECKED OUT				RECEIVER'S SIGNATURE: DATE: 07/10/16
				PRINT NAME: Care 7 TIME: 12:45

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