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EMIT 251391

ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
MOV001		S3		S3			
SENDER (Your Name)		TEL		RECEIVER (Name)		Tel: +27 21 951 1919	
COMPANY (Name)		LE CREUST		COMPANY (Name)		LE CREUSET WATERCREST	
STREET ADDRESS (Dept./Floor)		UNIT 5 HERON PARK OLD GROVE INDUSTRIAL		STREET ADDRESS (Dept./Floor)		SHOP UG04 WATERCREST MALL INANDA ROAD	
POSTAL CODE		7130		POSTAL CODE		3652	
CITY		SOMERSET WEST SUBURB		CITY		WATERFALL SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
5	Boxes	46	46	52		105	Y N
1	BOX	30	48	34		15	INSURANCE VALUE
1	BOX	35	35	35		3	
							SPECIAL INSTRUCTIONS
							COLLECTED BY: MICHAEL
							SIGNATURE: [Signature]
TEST WEIGHT (OFFICE USE)							123kg
							DATE: 26/07/16 TIME: 16:16
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	Martin	26-7-16	[Signature]	SENDER'S SIGNATURE: [Signature] DATE 26-7-16			
CHECKED OUT	Clive	26/07/16	[Signature]	PRINT NAME: FRANK TIME			
				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED IN				RECEIVER'S SIGNATURE: [Signature] DATE 28/07/16			
CHECKED OUT				PRINT NAME: Ndubue TIME 1:45			

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