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**EMIT 307927**

FL 59LS GP

|                |                  |                  |      |
|----------------|------------------|------------------|------|
| ACCOUNT NUMBER | CLIENT REFERENCE | OFFICE REFERENCE | DATE |
|----------------|------------------|------------------|------|

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

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           | <u>PETER</u>             | <u>03-11-16</u> | <u>[Signature]</u>       | SENDER'S SIGNATURE: <u>[Signature]</u> DATE: <u>03-11-16</u>   |                          |          |                          |                 |                          |
| CHECKED OUT          |                          |                 |                          | PRINT NAME: _____ TIME: _____  |                          |          |                          |                 |                          |
| CHECKED IN           |                          |                 |                          | PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION   |                          |          |                          |                 |                          |
| CHECKED OUT          |                          |                 |                          | RECEIVER'S SIGNATURE: <u>CANDI</u> DATE: <u>07/11/2016</u>   |                          |          |                          |                 |                          |
|                      |                          |                 |                          | PRINT NAME: _____ TIME: <u>10:20</u>   |                          |          |                          |                 |                          |

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.