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EMIT 260934

ACCOUNT NUMBER MOV001		CLIENT REFERENCE 840-841		OFFICE REFERENCE 840-841		DATE	
SENDER (Your Name) LE CREUSET SOMERSET WEST.		TEL		RECEIVER (Name) LE CREUSET LA LUCIA		Tel: +27 21 951 1919 TEL	
COMPANY (Name) 5 HERON PARK		STREET ADDRESS (Dept./Floor) OLIVE GROVE IND EST		COMPANY (Name) SHOP 3 LA LUCIA MALL		STREET ADDRESS (Dept./Floor) 90 WILLIAM CAMPBELL DRIVE	
CITY 7130		SUBURB DURBAN		CITY 4051		SUBURB 4051	
POSTAL CODE		POSTAL CODE		POSTAL CODE		POSTAL CODE	
CITY		SUBURB		CITY		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
1	PALLET 17 BOXES	120	100	15.5		298	Y N
							INSURANCE VALUE
							SPECIAL INSTRUCTIONS
							COLLECTED BY:
							SIGNATURE: <i>RMA</i>
TEST WEIGHT (OFFICE USE)							298KG
							DATE: 14/7/16 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	<i>Martin</i>	14-7-16	<i>[Signature]</i>	SENDERS SIGNATURE: <i>FRANCIS</i> DATE: 14-7-16			
CHECKED OUT	<i>Jozey</i>	15/7/16	<i>[Signature]</i>	PRINT NAME: _____ TIME: _____			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE: <i>[Signature]</i> DATE: 15/07/2016			
				PRINT NAME: <i>Helen</i> TIME: 15:25			

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