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EMIT 251431

MAV001		UNIT NUMBER		CLIENT REFERENCE 836		OFFICE REFERENCE 836		DATE	
SENDER (Your Name) LE CREUST				TEL		RECEIVER (Name) LE CREUSET LA LUCIA		Tel: +27 21 951 1919	
COMPANY (Name) UNIT 5 HERON PARK				COMPANY (Name) SHOP 3 LA LUCIA MALL					
STREET ADDRESS (Dept./Floor) OLD GROVE INDUSTRIAL				7130		STREET ADDRESS (Dept./Floor) 39 WILLIAM CAMPBELL DRIVE			
				POSTAL CODE		4051			
SOMERSET WEST				CITY		DURBAN			
SUBURB				CITY		SUBURB			
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN		
1	Box	46	46	52		26	Y	N	
1	Box	62	42	38		28	INSURANCE VALUE		
1	Box	50	48	34		13	SPECIAL INSTRUCTIONS		
RECEIVED ONLY 2 BOXES RECEIVED OUTSTANDING 1 BOX							COLLECTED BY:		
							SIGNATURE: <i>[Signature]</i>		
TEST WEIGHT (OFFICE USE)						67kg	DATE: 04/07/16 TIME: 16H11		
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>	6-7-16	<i>[Signature]</i>		SENDERS SIGNATURE: <i>[Signature]</i> DATE: 6-7-16				
CHECKED OUT	<i>Clive</i>	06/07/16	<i>[Signature]</i>		PRINT NAME: <i>FRANK</i> TIME: _____				
CHECKED IN					PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION				
CHECKED OUT					RECEIVER'S SIGNATURE: <i>[Signature]</i> DATE: 7-7-16				
					PRINT NAME: <i>Elizabeth</i> TIME: 8-7-16				

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