

CHECKED OUT

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CLIENT REFERENCE OFFICE REFERENCE ACCOUNT NUMBER DATE M0V001 SENDER TEL 021 851 7178 RECEIVER (Your Name) (Name) 019 097 RETT LE CREUSET SOMERSET WEST COMPANY COMPANY (Name) (Name) LE CREUGET MONN ANDA STREET ADDRESS STREET ADDRESS LANT 5 HERON PARK (Dept./Floor) (Dept./Floor) OLIVE GROVE INDUSTRIAL SHOP 27A MONDI ANDS BIREFU OLD PAARDEVLIE ROAD POSTAL CMR GARSFONTEIN **POSTAL** CODE CODE WILLEBOIG MAIR SOMERGET WEST SUBURB CITY **SUBURB** CITY NO OF PACKAGES ACTUAL WEIGHT LENGTH WIDTH HEIGHT VOLUME **DESCRIPTION OF PACKAGE** SPECIAL INSTRUCTIONS CM CM CM **WEIGHT KG** Ĵ 42 69 COLLECTED BY: DATE ILLO ILLO TEST WEIGHT (OFFICE USE) SERVICES PLEASE SELECT SERVICE / IN BOX DOOR TO DOOR ECONOMY **DIRECT LOAD** AIR SAME DAY **HAZARDOUS CARGO** OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDESTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE) OFFICE USE ONLY NAME SIGN 1841 CHECKED IN MANCHHE PRINT NAME CHECKED OUT PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION 3,10 CHECKED IN

RECEIVER'S SIGNATURE: