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EMIT 251348

ACCOUNT NUMBER MOV001		CLIENT REFERENCE CAS+IRON BIS		OFFICE REFERENCE CAS+IRON BIS		DATE	
SENDER (Your Name)		TEL		RECEIVER (Name)		Tel: +27 21 951 1919	
COMPANY (Name) LE CREUST		COMPANY (Name) LE CREUSET PAVILION		TEL		031 265 845	
STREET ADDRESS (Dept./Floor) UNIT 5 HERON PARK OLD GROVE INDUSTRIAL		STREET ADDRESS (Dept./Floor) SHOP UL262 PAVILION SHOPPING CENTRE JACK MAARTENS DRIVE		POSTAL CODE 7130		POSTAL CODE 3629	
CITY SOMERSET WEST SUBURB		CITY WESTVILLE SUBURB					
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
5	BOXES ✓	62	42	38		143	Y N
1	Box	46	46	27		8	INSURANCE VALUE
							SPECIAL INSTRUCTIONS
TEST WEIGHT (OFFICE USE)						151g	DATE: 28/10/16 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	John	28/10/16	[Signature]	SENDER'S SIGNATURE: [Signature] DATE: 28-10-16			
CHECKED OUT	Joey	28/10/16	[Signature]	PRINT NAME: FRANKI TIME:			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE: [Signature] DATE:			
				PRINT NAME: JOYAN TIME:			

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

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