

Special Instructions:

Destin: PLZ
Service: ONX

Sender remains liable for all charges if not settled by the nominated party within 30 days.
This shipment is accepted by UTITM subject to the conditions as agreed and acknowledged on the credit application.

DELIVERY NOTE


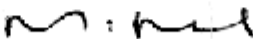
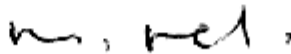


P.O.D. COPY

Dispatched on 12 September 2018



LEECS10300750

SHIPMENT DETAILS From: LE CREUSET Contact: MARY Phone: 0213001779	SOLANDIJPVANZYL, REGISTRYGIFT,	<div data-bbox="1055 464 2085 1120" style="border: 1px solid black; padding: 5px;"> <p>12789/2018</p> <p>From: Le Creuset</p> <p>To: SOLANDI & JP VAN ZYL DENTIST AND HOUSE Corner BLACKPLL Street 8TH Avenue SUMMERSTRAND PORT ELIZABETH 6001 SOUTH AFRICA</p> <p>Contact: SOLANDI & JP VAN ZYL Phone: 0839842507 Ref: SOLANDIJPVANZYL, REGISTRYGIFT</p> <p style="text-align: right;">LEECT10306501</p> <p style="text-align: right;">SHIPMENT: LEECS10300750</p> <p style="text-align: right;">PARCEL MASS: 1.00</p> <div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>ONX</p> <p>HUB: SUNPLZ</p> <p>TOWN: PLZ</p> <p>ZONE:</p> </div> <p style="text-align: right;">Parcel 1 of 1</p>  </div>	
To: SOLANDI & JP VAN ZYL DENTIST AND HOUSE CORNER BLACKPLL STREET 8TH AVENUE SUMMERSTRAND, 6001 PORT ELIZABETH Contact: SOLANDI & JP VAN ZYL Phone: 0839842507		Received by Consignee: Print Name:  Signature:  Date: 13/9/18 Time: 10:36	Company Stamp or Endorsements:
Origin Code: SSW Destination Code: PLZ Service: 1 Liability Value: R0 Incidental Liability R Analysis Code: Contents: --- Account No: 027877 Account Holder: S Account Name: LE CREUSET No. of Parcels: 1 Total Mass: 1 Total Volume: 1620 References: SOLANDIJPVANZYL, REGISTRYGIFT			