

**DSV**



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ADDITIONAL  
TRACKING  
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>LE CREUSET WATERFALL MALL</b>		Company Name: <b>LE CREUSET GAUTENG WAREHOUSE</b>				<input type="checkbox"/> Same Day	
Street Address: <b>SHOP 101</b>		Street Address: <b>4 EAST GATE BUSINESS</b>				<input type="checkbox"/> Express	
<b>1 AUGLABIES AVENUE</b>		<b>PARK CNR SOUTH RD</b>				<input type="checkbox"/> With Sunrise Option	
<b>CASHAN EXT 12</b>		<b>3 MARLBORO DRIVE</b>				<input type="checkbox"/> With Saturday Service	
Suburb: <b>WATERFALL MALL</b>		Suburb: <b>SANDTON</b>				<input type="checkbox"/> Public Holiday Service	
City / Town: <b>RUSTENBURG</b>		City / Town: <b>JOHANNESBURG</b>		Postal Code: <b>2001</b>		<input checked="" type="checkbox"/> Economy	
Contact: <b>MANAGER LERATO</b>		Contact: <b>DUANE DAVIDS</b>		Phone: <b>021 851-7178</b>		<input type="checkbox"/> After Hours	
Phone: <b>014 537-2279</b>		Phone: <b>021 851-7178</b>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <b>South Africa</b>		Botswana		Lesotho		Namibia	
South Africa		Botswana		Lesotho		Namibia	
Sender's Reference: <b>DAMAGES</b>		Analysis Code					
<b>SPECIAL INSTRUCTIONS</b> Tarrif Code: <b>0127766</b> Bill To: <input type="checkbox"/> Sender Consignee: <input type="checkbox"/> Other (Name Please): <input type="checkbox"/> IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R1000.00 PER SHIPMENT (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 14.5, 14.6 AND 14.7 OVERLEAF)							
e-mail / Fax / Proof of Delivery: <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i>		DATE: <b>16/01/2019</b>	
Total Parcels: <b>1</b>		NO. OF PARCELS PER DIMENSIONS: <b>1x</b>		LENGTH (CM): <b>60</b>		WIDTH (CM): <b>45</b>	
						HEIGHT (CM): <b>31</b>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>THEMBOUYISE</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <b>LESEGO</b>			
Date Received: <b>170119</b>		Time Received: <b>0931</b>		Date Received: <b>160119</b>		Time Received: <b>1448</b>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			
						Total Mass (Kg): <b>7</b>	

GOOD COPY

Version Control (01/2018)