

DSV

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SUBH T 11686502

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET TABLE BAY		Company Name Le creuset Head Office				<input type="checkbox"/> Same Day	
Street Address SHOP G086 TABLE BAY MALL CNR R27 & BERKSHIRE BLVD		Street Address Unit 5, Heron Park Olive Grove Industrial Estate				<input type="checkbox"/> Express	
Suburb BLOBERG		Suburb Somerset West				<input type="checkbox"/> With Sunrise Option	
City / Town CAPE TOWN Postal Code 7436		City / Town CPT Postal Code 7130				<input type="checkbox"/> With Saturday Service	
Contact ALHADIA		Contact Jenna				<input type="checkbox"/> Public Holiday Service	
Phone		Phone 021 851 7178				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		<input type="checkbox"/> After Hours	
Lesotho		Namibia		Swaziland		<input type="checkbox"/> BLNS Customs Tariff	
Other (Please Specify)		Analysis Code				<input type="checkbox"/> 1. ONLINE	
Sender's Reference UT10123615						<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.							
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 R 250.00 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							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
4						HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) N. L. L.				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) R. L. L.			
Date Received: 26 01 18				Date Received: 25 01 18			
Time Received: 09 11 30				Time Received: 11 45			
Signature: [Signature]				Signature: [Signature]			

Total Mass (Kg)

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Version Control (08/2017)

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