

DSV

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SUB HT 10173
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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET SHOP UM30A		Company Name LE CREUSET						<input type="checkbox"/> Same Day	
Street Address CLEARWATER MALL CHRISTIAN DE WET ROAD		Street Address HOBART GROVE SHOP E1						<input type="checkbox"/> Express	
Suburb JOHANNESBURG		Suburb BRYANSTON						<input type="checkbox"/> With Sunrise Option	
City/Town JNB	Postal Code 2001	City/Town JHB		Postal Code				<input type="checkbox"/> With Saturday Service	
Contact LISA		Contact SEVERIAN						<input type="checkbox"/> Public Holiday Service	
Phone 011 475 1202		Phone 011 568 4708						<input checked="" type="checkbox"/> Economy	
Destination Country <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
								<input type="checkbox"/> Other (Please Specify)	
Sender's Reference UT111069277								Analysis Code	
SPECIAL INSTRUCTIONS Bill Charges <input type="checkbox"/> To Account No. 027766 Bill To <input checked="" 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). <div style="float: right; margin-top: -50px;"> SENDER'S AUTHORISED SIGNATURE [Signature] DATE 06/03/18 </div>									
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)	HEIGHT (CM)					
03									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Boothman					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Elias				
Date Received: 07.03.18	Time Received: 11:45		Date Received: 06.03.18		Time Received: 14:00				
Signatures: [Signature]					Signatures: [Signature]				

Total Mass (Kg)

POD COPY

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET				Same Day	
Street Address SHOP UM30A		Street Address HOBART GROVE					
Suburb JOHANNESBURG		Suburb BRAYANSTON				Express	
City / Town JNB		City / Town JNB		Postal Code 2001		With Sunrise Option	
Contact LISA		Contact SEVERIAN		Phone 011 475 1202		With Saturday Service	
Phone 011 475 1202		Phone 011 568 4708				Public Holiday Service	
Destination Country South Africa		Lesotho		Namibia		Emergency <input checked="" type="checkbox"/>	
Botswana		Swaziland		Other (Please Specify)			
Sender's Reference UT11069277		Analysis Code				After Hours	
SPECIAL INSTRUCTIONS							
Bill Charges 027766		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		BLNS Customs Tariff	
To Account No.		Other (Name Please) <input type="checkbox"/>					
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.							
<div style="display: flex; justify-content: space-between;"> <div>UPulley</div> <div>06/03/18</div> </div>							
SENDER'S AUTHORISED SIGNATURE				DATE			
<div style="display: flex; justify-content: space-between;"> <div>e-mail / Fax / Proof of Delivery <input type="checkbox"/></div> <div>e-mail Address / Fax Number</div> </div>							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		03					
<div style="display: flex; justify-content: space-between;"> <div>Goods received in full without damage (unless endorsed)</div> <div>Received By DSV</div> </div>							
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
Botumele				Edna			
Date Received:		Time Received:		Date Received:		Time Received:	
07.03.18		1145		06.03.18		1400	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			
Total Mass (Kg)							

POD COPY

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