

DSV

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ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	MRS. RIA REDDY	Company Name	ATT: MARY (LE CREUSET)	<input type="checkbox"/> Same Day	
Street Address	160, KALGARD SWALLOW DRIVE, DOUGLASDALE, 2191, JOHANNESBURG	Street Address	UNIT 5 OLIVE GROVE, INDUSTRIAL ESTATE, OLD PAARDVLEI ROAD, SOMERSET WEST, 7200	<input type="checkbox"/> Express	
Suburb	DOUGLASDALE	Suburb	SOMERSET WEST	<input type="checkbox"/> With Sunrise Option	
City / Town	JOHANNESBURG	City / Town	CAPE TOWN	<input type="checkbox"/> With Saturday Service	
Contact	RIA REDDY	Contact	MARY (LE CREUSET)	<input type="checkbox"/> Public Holiday Service	
Phone	082 6555 330	Phone	(021) 851 7178	<input checked="" type="checkbox"/> Economy	
Destination Country	<input checked="" type="checkbox"/> South Africa	Destination Country	<input type="checkbox"/> Botswana	<input type="checkbox"/> After Hours	
Sender's Reference		Sender's Reference		<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS		Analysis Code			
Tariff Code	027877	Bill To Sender	<input type="checkbox"/>	Consignee	<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 R 1000.00 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)		Other (Name Please)		<input type="checkbox"/>	
e-mail / Fax / Proof of Delivery		e-mail Address / Fax Number		1. ONLINE <input type="checkbox"/>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		3. EFT <input type="checkbox"/>	
LENGTH (CM)		WIDTH (CM)		Total Mass (Kg)	
HEIGHT (CM)					
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
Date Received:		Date Received:			
Time Received:		Time Received:			
Signature:		Signature:			