

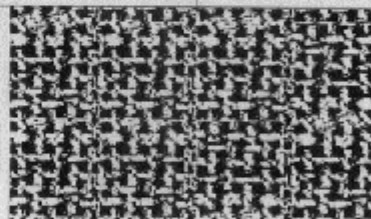
DSV

2 2 2 E E E 2 2 2

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Version Control (03/02/17)

POD COPY

| Sender's Details | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | |
|--|--|---|--|---|--|---|--|
| Company Name LE CREUSET HOBART GROVE | | Company Name LE CREUSET CLEARWATER | | | | <input type="checkbox"/> Same Day | |
| Street Address SHOP G1 | | Street Address SHOP UMO30A | | | | <input type="checkbox"/> Express | |
| SHOB G1 | | CHRISTIAN DE WET ROAD | | | | <input type="checkbox"/> With Sunrise Option | |
| CNR HOBART & GROSVENOR ROADS | | CLEARWATER | | | | <input type="checkbox"/> With Saturday Service | |
| Suburb BRYANSTON | | Suburb | | | | <input type="checkbox"/> Public Holiday Service | |
| City / Town JNB Postal Code 2021 | | City / Town JOHANNESBURG Postal Code 2001 | | | | <input checked="" type="checkbox"/> Economy | |
| Contact | | Contact LISA | | | | <input type="checkbox"/> After Hours | |
| Phone 011 568 4708 | | Phone 011 475 1202 | | | | <input type="checkbox"/> BLNS Customs Tariff | |
| Destination Country <input type="checkbox"/> South Africa <input checked="" type="checkbox"/> Botswana | | Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) | | | | | |
| Sender's Reference 471 2331539 | | Analysis Code | | | | | |
| SPECIAL INSTRUCTIONS | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To <input checked="" type="checkbox"/> Sender | | Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> | | 1. ONLINE <input type="checkbox"/> | |
| <p>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)</p> | | <p>If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.</p> | | <p>07/05/2018</p> | | 3. EFT <input type="checkbox"/> | |
| | | | | | | Total Mass (Kg) | |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number | | <p>SEITE</p> <p>SENDER'S AUTHORISED SIGNATURE</p> <p>DATE</p> | | | | | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | |
| 1 | | | | | | 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) | | | | | |
| A Y A N D A | | S E I T A S | | | | | |
| Date Received: 08 05 18 | | Time Received: 16 00 | | | | | |
| Signature | | Signature | | | | | |

Received 10/23/14