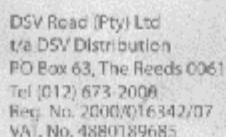

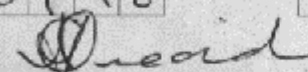
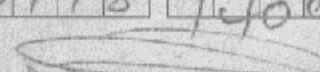


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SUBBD27187613

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required			
Company Name: LE CREUSET		Company Name: LE CREUSET						<input type="checkbox"/> Same Day			
Street Address: Shop L339 153th STREET SANDTON		Street Address: Shop 202A 50 BACH AVENUE ROSEBANK MAIL						<input checked="" type="checkbox"/> Express			
Suburb: Sandhurst		Suburb: ROSEBANK						<input type="checkbox"/> With Sunrise Option			
City / Town: SHR Postal Code: 2196		City / Town: SHR Postal Code: 2196						<input type="checkbox"/> With Saturday Service			
Contact: KARAO		Contact: ELLEN / ROSE						<input type="checkbox"/> Public Holiday Service			
Phone: 011 784 0201		Phone: 011 568 4745						<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: <input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other <input type="checkbox"/> (Name Please) 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, 14.8 AND 14.7 OVERLEAF).											
 SENDER'S AUTHORISED SIGNATURE						DATE		1. ONLINE <input type="checkbox"/>		3. EFT <input type="checkbox"/>	
e-mail / Fax / Proof of Delivery: <input type="checkbox"/> e-mail Address / Fax Number: <input type="text"/>										Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)			
1 Flyer											
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Test gnn						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Erasmus					
Date Received: 230118 Time Received: 1029						Date Received: 230118 Time Received: 1400					
Signature: 						Signature: 					

712004017