

**DSV**

A standard 1D barcode with vertical black bars of varying widths on a white background.

2 2 2 E E E 2 2 2

ADDITIONAL  
TRACKING  
NUMBERS

Sender's Details			Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>DRIVE CONTROL</b>			Company Name <b>LE CREUSET</b>				<input type="checkbox"/> Same Day	
Street Address <b>20 MILKYWAY AVE</b>			Street Address <b>OLD PAARDEVELL ROAD</b>				<input type="checkbox"/> Express	
Suburb <b>SANDTON</b>			Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>JHB</b>			City / Town <b>CAPE TOWN</b>				<input type="checkbox"/> With Saturday Service	
Postal Code			Postal Code				<input type="checkbox"/> Public Holiday Service	
Contact <b>RONALD VAN DER MERWE</b>			Contact <b>MITCHELL VAN ZYL</b>				<input checked="" type="checkbox"/> Economy	
Phone <b>011 701 8127</b>			Phone				<input type="checkbox"/> After Hours	
Destination Country			<input 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)				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <b>2269836</b>			Analysis Code				<input type="checkbox"/> 1. ONLINE  <input type="checkbox"/> 3. EFT	
<b>SPECIAL INSTRUCTIONS</b> <b>SO 2717052</b>								
Tarrif Code <b>027766</b>			Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<b>Total Mass (Kg)</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
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)			If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>			e-mail Address / Fax Number					
<b>Total Parcels</b> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto; text-align: center; line-height: 50px;">1</div>			<b>NO. OF PARCELS PER DIMENSIONS</b> _____ _____ _____		<b>LENGTH (CM)</b> _____ _____ _____		<b>WIDTH (CM)</b> _____ _____ _____	
							<b>HEIGHT (CM)</b> _____ _____ _____	
<b>Goods received in full without damage (unless endorsed)</b> <b>Name Of Receiver (PLEASE PRINT CLEARLY)</b> <b>MITCHELL</b>			<b>Received By DSV</b> <b>Name Of Courier (PLEASE PRINT CLEARLY)</b> <b>HAAL</b>					
<b>Date Received:</b> <b>010818</b>			<b>Date Received:</b> <b>300718</b>					
<b>Time Received:</b> <b>0935</b>			<b>Time Received:</b> <b>1500</b>					
<b>Signature:</b> 			<b>Signature:</b> 					