


DSV



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[illegible]

Sender's Details						Consignee's Details. Full Street Address Please								Mark Service Required	
Company Name <u>Goozi kitchenshop</u>						Company Name <u>le Creuset</u>								Same Day	
Street Address <u>11 Mitchel street</u>						Street Address <u>unit 5 Heron Park</u>								Express	
<u>Hermanus</u>						<u>Olive Grove</u>								With Sunrise Option	
						<u>Somerset West</u>								With Saturday Service	
Suburb <u>Hermanus</u>														Public Holiday Service	
City / Town <u>Hermanus</u> Postal Code <u>7200</u>						City / Town <u></u> Postal Code <u></u>								Economy <input checked="" type="checkbox"/>	
Contact <u>Megan</u>						Contact <u>HELENA</u>								After Hours	
Phone <u>028 312 4979</u>						Phone <u>021 851 7178</u>								BLNS Customs Tariff	
Destination Country		<u>South Africa</u>		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)			
Sender's Reference <u></u>						Analysis Code <u></u>									
SPECIAL INSTRUCTIONS															
Tariff Code <u>027877</u>						Bill To Sender <input 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 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).														1. ONLINE <input type="checkbox"/>	
<div style="text-align: right;"><u>[Signature]</u> <u>05/09/2018</u> SENDER'S AUTHORISED SIGNATURE DATE</div>														3. EFT <input type="checkbox"/>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u></u>														Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT(CM)							
<u>1</u>															
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u></u>															
Date Received: <u></u> Time Received: <u></u>															
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Furyston</u>															
Date Received: <u>050918</u> Time Received: <u>1500</u>															
Signature: <u>[Signature]</u>															
Depot Hand In															
Liability: Value For Loss or Damage R <u></u>															
Liability: (Costs Incidental To Loss, Damage Or Delay) R <u></u>															

COUNTS COPY