

R CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reads 0061
Tel: (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25926691

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET MALL OF AFRI		Company Name: LE CREUSET				<input type="checkbox"/> Same Day	
Street Address: SHOP 2040 CNR ALLANDALE & BEN SCHOEMAN HIGHWAY		Street Address: UNIT 5 HERON PARK OLIVE GROVE, INDUSTRIAL ESTATE OLD PAARDVLEI ROAD				<input type="checkbox"/> Express	
Suburb: WATERFALL ESTATE		Suburb: SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2066		City / Town: CAPE TOWN Postal Code: _____				<input type="checkbox"/> With Saturday Service	
Contact: PHINDILE KHANGALE		Contact: _____				<input type="checkbox"/> Public Holiday Service	
Phone: 011 568 2097		Phone: _____				<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"/> After Hours	
Other (Please Specify)						<input type="checkbox"/> BLNS Customs Tariff	

Sender's Reference: **NATURE K BLOCK MOUNT** Analysis Code: _____

SPECIAL INSTRUCTIONS

Bill Charges To Account No: **027766** Bill To: Sender Consignee Other (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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).

SENDER'S AUTHORIZED SIGNATURE: *[Signature]* DATE: **06/07/2008**

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number _____

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

1. ONLINE

3. EFT

Total Mass (Kg) _____

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **BASIL**

Date Received: **090708** Time Received: **0907**

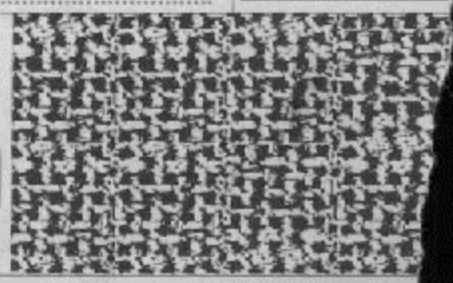
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): **MASHENO**

Date Received: **060718** Time Received: **1558**

Signature: *[Signature]*



POD COPY

Version Control (08/2018)