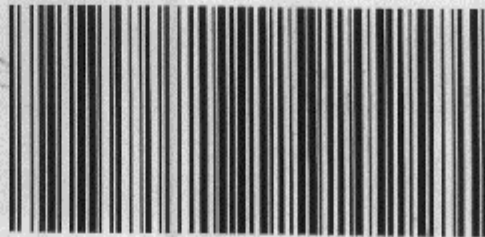




DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reads 0051  
Tel (012) 673-2000  
Reg. No. 2000/D16342/07  
VAT No. 4880189635



SUBBD27648304


<b>Sender's Details</b> Company Name: <u>LE CREUSET HOBART GROVE</u> Street Address: <u>SHOP G1</u> <u>CNR HOBART &amp;</u> <u>GROSVENOR ROAD</u> Suburb: <u>BRYANSTON</u> City / Town: <u>JNB</u> Postal Code: <u>2021</u> Contact: <u>SEVARIAN</u> Phone: <u>011 568 4708</u>				<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>LE CREUSET</u> Street Address: <u>SHOP 2040 MAIL OF AFRICA</u> <u>C/O BEN SCHODEMAN ALLENDALE</u> Suburb: <u>WATERFALL ESTATE</u> City / Town: <u>JOHANNESBURG</u> Postal Code: <u>2001</u> Contact: <u>PTINDILE</u> Phone: <u>011 568 2097</u>				<b>Mark Service Required</b> <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours	
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: <u>91</u> Analysis Code:					
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)						1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>			
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 14.6 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, 14.5 AND 14.7 OVERLEAF).						S. He <u>19/6/2018</u> SENDER'S AUTHORISED SIGNATURE DATE			
Total Parcels: <u>1</u> NO. OF PARCELS PER DIMENSIONS: LENGTH (CM): WIDTH (CM): HEIGHT (CM):						Total Mass (Kg)			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>AS HIDI</u> Date Received: <u>20/06/18</u> Time Received: <u>1030</u> Signature: <u>[Signature]</u>				Received By DSV Name Of Carrier (PLEASE PRINT CLEARLY): <u>Silay</u> Date Received: <u>19/06/18</u> Time Received: <u>1630</u> Signature: <u>[Signature]</u>					

POD COPY