



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Recods 0051
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD27650811

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET		Company Name: LeCreuset Sandton City				<input type="checkbox"/> Same Day	
Street Address: CNR KLIPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062		Street Address: Shop L339 Sandton City Shopping C sth and Rivonia Street				<input type="checkbox"/> Express	
Suburb: ASPEN HILLS		Suburb: SANDTON, JHB				<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2013		City / Town: JHB Postal Code: 2013				<input type="checkbox"/> With Saturday Service	
Contact: LULO NONOISE		Contact: Lescap				<input type="checkbox"/> Public Holiday Service	
Phone: 010 500 0223		Phone: 011 784 0301				<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		Other (Please Specify):				<input type="checkbox"/> After Hours	
Sender's Reference: 4T13822340		Analysis Code:				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No: 027766		Bill To: <input checked="" type="checkbox"/> Sender		Consignee: <input type="checkbox"/>		Other (Name Please): <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 14.5 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Lescap				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) DECA Y			
Date Received: 17 09 18		Time Received: 12 27		Date Received: 16 07 18		Time Received: 14 30	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

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