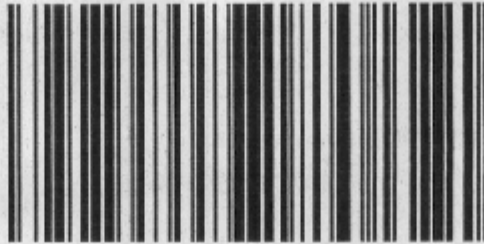




DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD28386271


<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <b>LE CREUSET LA LUCIA</b>		Company Name <b>le creuset Pavilion</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP03, 90 WILLIAM CAMPBELL LA LUCIA MALL DURBAN NORTH</b>		Street Address <b>Shop UL 062 Pavilion Shopping Center Jack Maarlens Drive Westville</b>				<input type="checkbox"/> Express	
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town <b>DUR</b> Postal Code <b>4000</b>		City / Town <b>ATT. Rasthee / TRICING</b> Postal Code <b>3609</b>				<input type="checkbox"/> With Saturday Service	
Contact		Contact				<input type="checkbox"/> Public Holiday Service	
Phone <b>0315725045</b>		Phone <b>031-2658455</b>				<input checked="" type="checkbox"/> Economy	
Destination Country		Destination Country				<input type="checkbox"/> After Hours	
South Africa <input checked="" type="checkbox"/>		Lesotho <input type="checkbox"/>				<input type="checkbox"/> BLNS	
Botswana <input type="checkbox"/>		Namibia <input type="checkbox"/>				<input type="checkbox"/> Customs	
Swaziland <input type="checkbox"/>		Other (Please Specify)				<input type="checkbox"/> Tariff	
Sender's Reference <b>UT I 4 2 9 9 4 1</b>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>							
Tariff Code <b>027766</b>		Bill To <input type="checkbox"/> Consignee <input checked="" type="checkbox"/> Other <input type="checkbox"/>				<input type="checkbox"/> 3. EFT	
Sender		(Name Please)				Total Mass (Kg)	
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)							
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)	
1		1		60		LE CREUSET PAVILION	
						LE CREUSET PAVILION	
						NO. REF: 1097/021366/07	
						VAT: 4880189685	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
LONDI WE				EMA MATT: 7140848@lecreuset.com			
Date Received:				Date Received:			
15 08 18				14 08 18			
Time Received:				Time Received:			
12 30				15 09			
Signature: <i>etc</i>				Signature:			

POD COPY