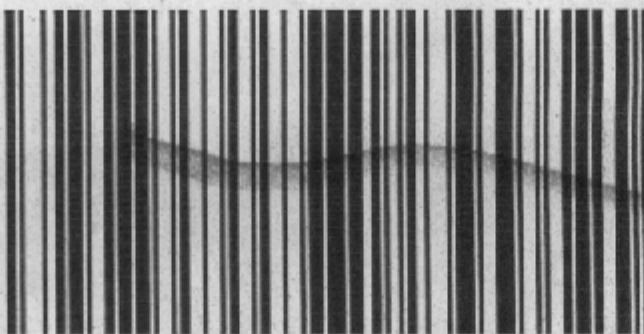
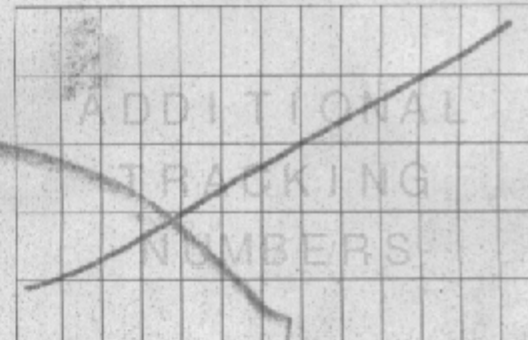




DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD28699598



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <i>Le Creuset SA</i>		Company Name <i>Le Creuset South Africa</i>				<input type="checkbox"/> Same Day	
Street Address <i>Shop 305</i>		Street Address <i>Unit 5</i>				<input type="checkbox"/> Express	
<i>Garden Route Mall</i>		<i>Heron Park</i>				<input type="checkbox"/> With Sunrise Option	
<i>N2 Highway a Krugersdorp Road</i>		<i>Olive Grove Park</i>				<input type="checkbox"/> With Saturday Service	
Suburb <i>George</i>		Suburb <i>Somerset West</i>				<input type="checkbox"/> Public Holiday Service	
City / Town <i>George</i> Postal Code <i>6546</i>		City / Town <i>Cape Town</i> Postal Code <i>8001</i>				<input checked="" type="checkbox"/> Economy	
Contact <i>Mandy Sue</i>		Contact <i>Mary Franki</i>				<input type="checkbox"/> After Hours	
Phone <i>044 009 0112</i>		Phone <i>021 851 7178</i>				<input type="checkbox"/> BLNS Customs Tariff	
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 <i>UTIS646904</i>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS							
Tarrif Code <i>027766</i>		Bill To <input 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 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)	HEIGHT (CM)	
<i>1</i>				<i>16</i>	<i>16</i>	<i>16</i>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>BASIL</i>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>Cuthbert</i>			
Date Received: <i>28/11/18</i>		Time Received: <i>10:00</i>		Date Received: <i>28/11/18</i>		Time Received: <i>13:49</i>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			
Total Mass (Kg)							

POD COPY

Version Control (01/2016)

