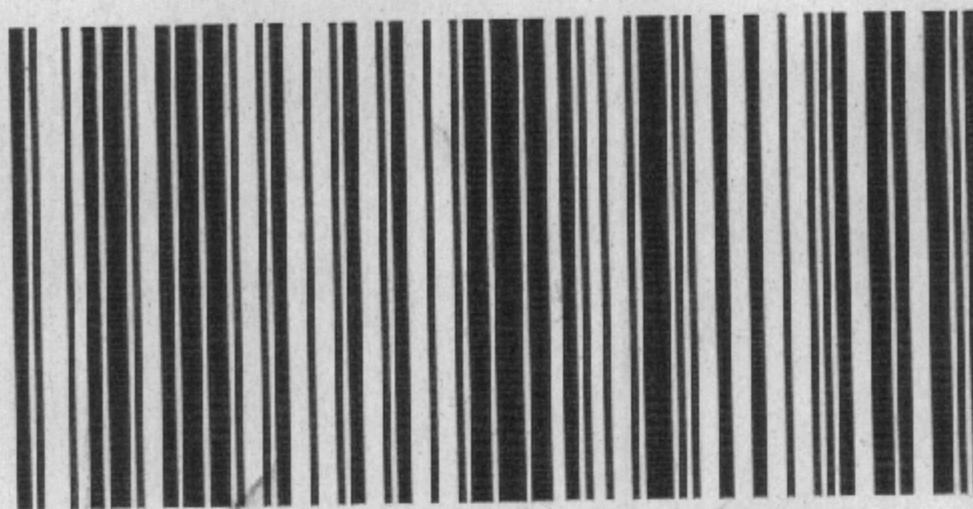




DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD28943341


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>LE CREUSET BALLITO JUNCTION</b>		Company Name: <b>LE CREUSET</b>				<input type="checkbox"/> Same Day	
Street Address: <b>SHOP 244, LEONORA DRIVE BALLITO DOLPHIN COAST DURBAN</b>		Street Address: <b>SHOP GOBB, TABLE BAY MALL CNR R27 and BERKSHIRE BLVD BLOUBERG, WESTERN CAPE</b>				<input type="checkbox"/> Express	
Suburb: <b>DUR</b>		Suburb: <b>CAPE TOWN</b>				<input type="checkbox"/> With Sunrise Option	
City / Town: <b>DUR</b> Postal Code: <b>4399</b>		City / Town: <b>CAPE TOWN</b> Postal Code: <b>7436</b>				<input type="checkbox"/> With Saturday Service	
Contact: <b>SONITHA</b>		Contact: <b>021 300 3148</b>				<input type="checkbox"/> Public Holiday Service	
Phone: <b>032 0040138</b>		Phone: <b>021 300 3148</b>				<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		(Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: <b>UTI 4529693</b>		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	

**SPECIAL INSTRUCTIONS**

Tarif Code: **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 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)

SENDER'S AUTHORIZED SIGNATURE: *[Signature]* DATE: **05/09/18**

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<b>1</b>	<b>1</b>	<b>X BOX</b>		

Total Mass (Kg)

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>L I L L Y</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>MUSG</b>	
Date Received: <b>070918</b>	Time Received: <b>1230</b>	Date Received: <b>050918</b>	Time Received: <b>1620</b>
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	

POD COPY