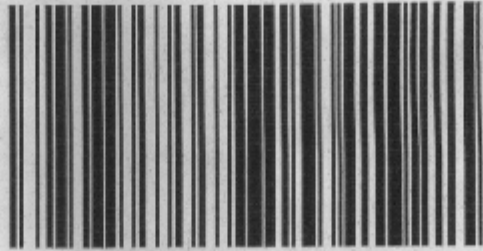




DSV Road (Pty) Ltd  
1/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4860189565



SUBBD28981560


ADDITIONAL  
TRACKING  
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: <u>Le Creuset Waterfall Mall</u>	Company Name: <u>Le Creuset Gauteng Warehouse</u>						Same Day
Street Address: <u>Shop 102</u>	Street Address: <u>Unit 004 Block 2 Estate Business Park</u>						Express
<u>1 Anglarios Avenue</u>	<u>Eastgate Business Park</u>						With Sunrise Option
<u>Cashan Ext 12</u>	<u>Car Marlboro Drive and South Road</u>						With Saturday Service
Suburb: <u>Waterfall Park</u>	Suburb: <u>Sandton</u>						Public Holiday Service
City / Town: <u>Rustenburg</u> Postal Code: <u>0299</u>	City / Town: <u>Johannesburg</u> Postal Code: <u>2196</u>						<input checked="" type="checkbox"/> Economy
Contact: <u>Manager Lerato</u>	Contact: <u>ATT: Diane Davids</u>						After Hours
Phone: <u>014537 2279</u>	Phone: <u>021 251 7178</u>						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: <u>CASSIS DISHES</u>		Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>							
Tariff Code: <u>027766</u>	Bill To Sender: <input type="checkbox"/>	Consignee: <input type="checkbox"/>	Other (Name Please): <input type="checkbox"/>				1. ONLINE <input type="checkbox"/>
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.							
<small>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 AND 14.7 OVERLEAF).</small>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>					e-mail Address / Fax Number		3. EFT <input type="checkbox"/>
<b>Total Parcels</b>	<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>			<b>Total Mass (Kg)</b>
<u>1</u>	<u>1</u>	<u>56</u>	<u>35</u>	<u>46</u>			<u>10</u>
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <u>Zama</u>				<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY) <u>LES EEU</u>			
Date Received: <u>10/01/18</u>		Time Received: <u>10:45</u>		Date Received: <u>09/10/18</u>		Time Received: <u>15:58</u>	
Signature: <u>Zubazana</u>				Signature:			

POD COPY

Continued (01/2018)