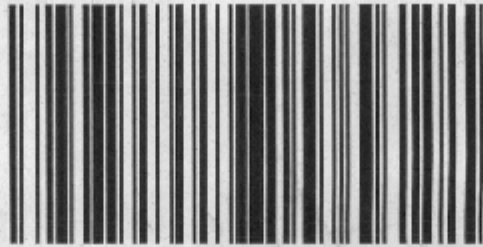




DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



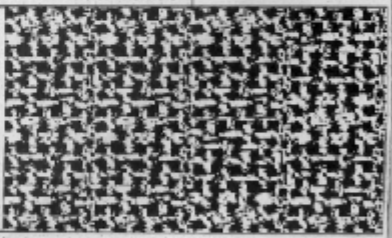
SUBBD28989364

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <i>Le Croust Gateway</i>				Company Name: <i>Le Croust Ballito</i>				<input type="checkbox"/> Same Day	
Street Address: <i>Shop G158</i>				Street Address: <i>Ballito Junction mall</i>				<input type="checkbox"/> Express	
<i>1 Palm Boulevard, Gateway</i>				<i>Shop 244, Leonora Drive</i>				<input type="checkbox"/> With Sunrise Option	
<i>Theatre of Shopping</i>				<i>Ballito</i>				<input type="checkbox"/> With Saturday Service	
Suburb: <i>Umkhanga</i>				Suburb: <i>Dolphin Coast</i>				<input type="checkbox"/> Public Holiday Service	
City / Town: <i>Durban</i>		Postal Code: <i>4320</i>		City / Town: <i>Durban</i>		Postal Code: <i>4399</i>		<input checked="" type="checkbox"/> Economy	
Contact: <i>Cassandra Nkomo</i>				Contact: <i>Sasha / Ishaping</i>				<input type="checkbox"/> After Hours	
Phone: <i>031 100 1234</i>				Phone: <i>032 004 0138</i>				BLNS Customs Tariff	
Destination Country: South Africa		Botswana		Lesotho		Namibia		Swaziland	
Other: (Please Specify)									
Sender's Reference: <i>UTJ6353254</i>				Analysis Code: <i> </i>					
SPECIAL INSTRUCTIONS									
Tariff Code: <i> </i>				Bill To Sender: <input type="checkbox"/>		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>	
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)									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number: <i> </i>			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<i>1</i>		<i>Box</i>							
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY): <i>Londine</i>					Name Of Courier (PLEASE PRINT CLEARLY): <i>SPHELELE</i>				
Date Received: <i>300119</i>		Time Received: <i>1428</i>			Date Received: <i>290119</i>		Time Received: <i>1600</i>		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

Total Mass (Kg)



Version Control: 01/2018