



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. 4880189685



SUBBD29418190

ADDITIONAL
TRACKING
NUMBERS

Sender's Details Company Name: LE CREUSET JHB Street Address: UNIT 4, EASTGATE BUSINESS PARK, CNR MARLBORO DRIVE & SOUTH RD Suburb: SANDTON City/Town: JHB Postal Code: _____ Contact: OLIVIERE Phone: 073 505 2470		Consignee's Details. Full Street Address Please Company Name: LE CREUSET LA LUCIA Street Address: SHOP 3C, 90 WILLIAM CAMPBELL DRIVE, LA LUCIA MALL Suburb: _____ City/Town: DURBAN Postal Code: _____ Contact: ATISHA CAISIE Phone: 031 572 5045		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		Analysis Code: _____		
Sender's Reference: STOCK		Analysis Code: _____		
SPECIAL INSTRUCTIONS: FRAGILE		1. ONLINE <input type="checkbox"/> 3. EPT <input type="checkbox"/>		
Tariff Code: _____		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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: <i>[Signature]</i> DATE: _____		
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number: _____		Total Mass (Kg): 5Kg		
Total Parcels: 1	NO. OF PARCELS PER DIMENSIONS: Box	LENGTH (CM): 35	WIDTH (CM): 32	
		HEIGHT (CM): 16		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): ALYINA		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): HEBET		
Date Received: 12/01/18		Date Received: 10/01/18		
Time Received: 1332		Time Received: 1400		
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		

POD COPY

Version Control (6/2018)

