
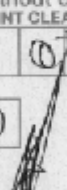
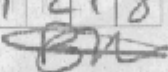




DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD30087756


Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET BALUTO</b>				Company Name <b>LE CREUSET LA LUCIA</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP 244 LEOKKA DRIVE</b>				Street Address <b>SHOP 03, 90 WILHELM CAPRIBOM</b>				<input type="checkbox"/> Express	
<b>BALUTO JUNCTION</b>				<b>LA LUCIA MALL</b>				<input type="checkbox"/> With Sunrise Option	
Suburb <b>DOLPHIN ROAST</b>				Suburb <b>LA LUCIA</b>				<input type="checkbox"/> With Saturday Service	
City / Town <b>DURBAN</b>		Postal Code <b>A399</b>		City / Town <b>DURBAN</b>		Postal Code <b>4000</b>		<input checked="" type="checkbox"/> Economy	
Contact <b>SASHA</b>				Contact <b>SONI</b>				<input type="checkbox"/> After Hours	
Phone <b>032 004 0188</b>				Phone <b>031 572 5045</b>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <b>South Africa</b>			<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				Analysis Code				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS <b>FRAGILE</b>									
Tariff Code		<input type="checkbox"/> Bill To Sender		<input type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)		<input type="checkbox"/> 3. EFT	
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 14.6 AND 14.7 OVERLEAF)									
 SENDER'S AUTHORIZED SIGNATURE						20/12/2018 DATE		Total Mass (Kg)	
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)					
<b>1</b>	<b>1 X BOX</b>								
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<b>E113aboth</b>					<b>MUS9</b>				
Date Received:		Time Received:			Date Received:		Time Received:		
<b>21/12/18</b>		<b>1035</b>			<b>20/12/18</b>		<b>1533</b>		
Signature: 					Signature: 				

POD COPY