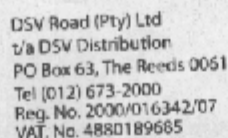


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SUBBD28386060

ADDITIONAL  
TRACKING  
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name..... <b>LE CREUSET LA LUCIA</b>		Company Name..... <b>Le Creuset Watercrest</b>				<input type="checkbox"/> Same Day	
Street Address..... <b>SHOP 03, 90 WILLIAM CAMPBELL LA LUCIA MALL DURBAN NORTH</b>		Street Address..... <b>Inanda Road Durban Watercrest Mall</b>				<input type="checkbox"/> Express	
Suburb.....		Suburb.....				<input type="checkbox"/> With Sunrise Option	
City / Town..... <b>DUR</b> Postal Code..... <b>4000</b>		City / Town..... <b>Durban</b> Postal Code..... <b>2652</b>				<input type="checkbox"/> With Saturday Service	
Contact.....		Contact..... <b>Simesande</b>				<input type="checkbox"/> Public Holiday Service	
Phone..... <b>0315725045</b>		Phone..... <b>031 763 1523</b>				<input checked="" type="checkbox"/> Economy	
Destination Country.....		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa <input checked="" type="checkbox"/>		Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/>				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference.....		Analysis Code.....				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> 3. EFT <input type="checkbox"/>	
Tariff Code..... <b>027766</b>		Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<b>Total Mass (Kg)</b>	
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		SENDER'S AUTHORISED SIGNATURE..... <i>[Signature]</i>				DATE..... <b>11/01/19</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number.....		Total Parcels.....				HEIGHT(CM)	
NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)				WIDTH (CM)	
Total Parcels.....		Length (CM).....				Height (CM).....	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>CAREN</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Orlando</b>				RECEIVED BY DSV	
Date Received: <b>14/01/19</b>		Date Received: <b>14/01/19</b>					
Time Received: <b>1320</b>		Time Received: <b>1400</b>					
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>					