

DSV

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



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ADDITIONAL
TRACKING
NUMBERS

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le creuset JHB</u>		Company Name <u>Le creuset Ballito</u>						<input type="checkbox"/> Same Day	
Street Address <u>Unit 4, Edgegate Business Park, Cnr Malibon Drive & South Rd</u>		Street Address <u>Shop 244 Leonora Drive Ballito junction mail</u>						<input type="checkbox"/> Express	
Suburb <u>Sandton</u>		Suburb <u>Ballito Dolphin Coast</u>						<input type="checkbox"/> With Sunrise Option	
City / Town <u>JHB</u> Postal Code <u> </u>		City / Town <u>Durban</u> Postal Code <u>4399</u>						<input type="checkbox"/> With Saturday Service	
Contact <u>Dwane</u>		Contact <u>Ballito Team</u>						<input type="checkbox"/> Public Holiday Service	
Phone <u>033 505 2470</u>		Phone <u>032 004 0138</u>						<input type="checkbox"/> Economy	
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) <u> </u>								<input type="checkbox"/> After Hours	
Sender's Reference <u>STOCK</u>		Analysis Code <u> </u>						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Tariff Code <u> </u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <u> </u> 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 <u> </u>									
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>1</u>		<u>FLYER</u>		<u> </u>		<u> </u>		<u> </u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>SASHA</u>									
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>CARL</u>									
Date Received: <u>07/01/19</u>		Time Received: <u>1126</u>		Date Received: <u>04/01/19</u>		Time Received: <u>2020</u>			
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>			
Total Mass (Kg) <u> </u>									

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