

## DSV

DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Roads 0081  
Tel: (012) 573-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD26508686

5464712310895

<b>Sender's Details</b> Company Name <u>LE CREUSET S.A.</u> Street Address <u>SHOP 267 WOODLANDS</u> <u>BOULEVARD, CNR GARFONTEIN</u> <u>&amp; DE VILLE BOIS</u> Suburb <u>MORELETA PARK</u> City / Town <u>PRETORIA</u> Postal Code <u>0002</u> Contact <u>MARISA</u> Phone <u>011 997 7233</u> Destination Country <u>South Africa</u> Botswana Lesotho Namibia Swaziland Other (Please Specify)		<b>Consignee's Details. Full Street Address Please</b> Company Name <u>LE CREUSET S.A.</u> Street Address <u>SANDTON CITY SHOPPING</u> <u>CENTRE, SHOP L339 Sand</u> <u>hurst</u> Suburb <u>JOHANNESBURG</u> City / Town <u>SANDTON</u> Postal Code <u>2196</u> Contact <u>KARABO</u> Phone <u>011 784 0301</u> Lesotho Namibia Swaziland Other (Please Specify)		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLN5 Customs Tariff
Sender's Reference <u>0277WT1</u> Analysis Code		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> Bill To <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 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 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 12.5.12.6 AND 12.7 OVERLEAF). e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE <u>30-01-2018</u> Total Mass (Kg)		
Total Parcels <u>10</u> NO. OF PARCELS PER DIMENSIONS <u>10 BOXES</u>		LENGTH (CM) WIDTH (CM) HEIGHT (CM)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>KARABO</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>		
Date Received: <u>01 02 18</u> Time Received: <u>1406</u>		Date Received: <u>31 01 18</u> Time Received: <u>1200</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		