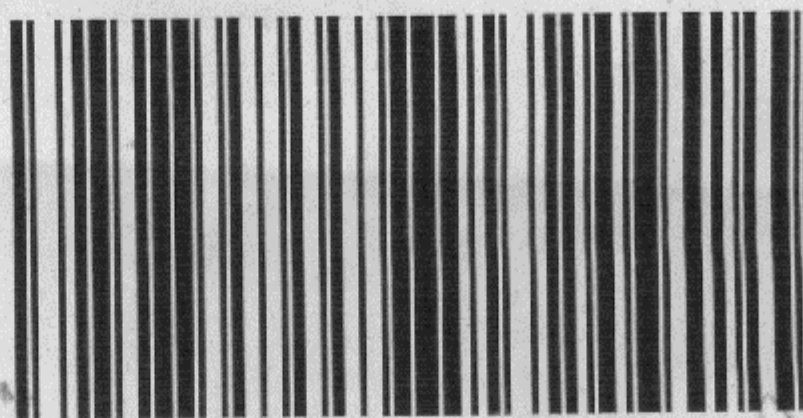
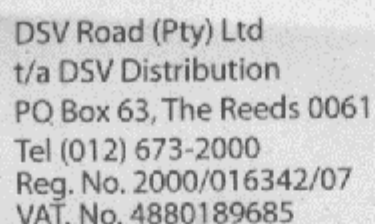


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POD COPY

Version Control (08/2017)

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Ballito</u>		Company Name <u>Le Creuset La-lucia</u>				<div style="border: 1px solid black; padding: 2px; text-align: center;">Same Day</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Express</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">With Sunrise Option</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">With Saturday Service</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Public Holiday Service</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Economy <input checked="" type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px; text-align: center;">After Hours</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">BLNS Customs Tariff</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">1. ONLINE <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px; text-align: center;">3. EFT <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Total Mass (Kg)</div>	
Street Address <u>Shop 224, Leonardo drive, Ballito Dolphin Coast</u>		Street Address <u>Shop 3, 90 William Campbell Drive la lucia mall</u>					
Suburb <u>Durban</u>		Suburb <u>la lucia</u>					
City / Town <u>Durban</u> Postal Code <u>4051</u>		City / Town <u>Durban</u> Postal Code <u>4051</u>					
Contact <u>Sonitha</u>		Contact <u>Aisha / Elizabeth</u>					
Phone <u>032 004 032</u>		Phone <u>031-5725045</u>					
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <u>UTI1950010</u>				Analysis Code			
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <input type="text"/>		Bill To Sender <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 14.14 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 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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
						HEIGHT (CM)	
<u>30</u>		<u>X Boxes</u>					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>Aisha</u>				<u>FELIX</u>			
Date Received:				Date Received:			
<u>160418</u>				<u>130418</u>			
Time Received:				Time Received:			
<u>1602</u>				<u>1706</u>			
Signature: <u>A</u>				Signature: <u>[Signature]</u>			