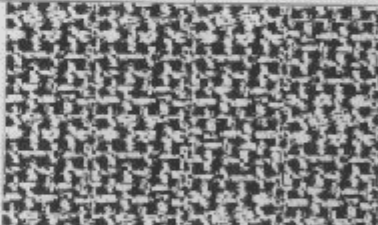


## DSV

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POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET WATERFALL MALL</b>				Company Name <b>LE CREUSET NICOLWAY</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP 101</b>				Street Address <b>SHOP L21</b>				<input type="checkbox"/> Express	
<b>1 AUGRABIES AVENUE</b>				<b>NICOLWAY SHOPPING CENTRE</b>				<input type="checkbox"/> With Sunrise Option	
<b>CASHAN EXT 12</b>				<b>WILLIAM NICOL DRIVE</b>				<input type="checkbox"/> With Saturday Service	
Suburb <b>WATERFALL MALL</b>				Suburb <b>BRYANSTON</b>				<input type="checkbox"/> Public Holiday Service	
City / Town <b>RUSTENBURG</b>		Postal Code <b>0299</b>		City / Town <b>TOHANNESBURG</b>		Postal Code <b>2191</b>		<input checked="" type="checkbox"/> Economy	
Contact <b>MANAGER: LERATO</b>				Contact <b>MANAGER: ZANELE</b>				<input type="checkbox"/> After Hours	
Phone <b>014 537 2279</b>				Phone <b>011 706 2198</b>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <b>MILL</b>				Analysis Code					
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <b>LE CREUSET</b> 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, 14.8 AND 14.7 OVERLEAF). SENDER'S AUTHORISED SIGNATURE <b>M. Lerato</b> DATE <b>16/05/2018</b>									
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>39</b>		<b>26</b>		<b>8</b>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>S. Ndlovu</b> Date Received: <b>17/05/18</b> Time Received: <b>10:25</b> Signature: <i>[Signature]</i>									
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>LES 1540</b> Date Received: <b>16/05/18</b> Time Received: <b>15:45</b> Signature: <i>[Signature]</i>									
									
Total Mass (Kg) <b>1</b>									