

DSV

DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873

[illegible]

Version Control (06/2016)

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le circuit</u>		Company Name <u>Le circuit</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop L339</u>		Street Address <u>unit 5 heron</u>				<input type="checkbox"/> Express	
<u>Sandton City CNR</u>		<u>Park, Old parkdevier Road</u>				<input type="checkbox"/> With Sunrise Option	
<u>8th and Rmond</u>						<input type="checkbox"/> With Saturday Service	
Suburb		Suburb <u>Somerset west</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>JHB</u> Postal Code		City / Town <u>Cape Town</u> Postal Code				<input checked="" type="checkbox"/> Economy	
Contact <u>KAKABO</u>		Contact <u>Franci</u>				<input type="checkbox"/> After Hours	
Phone <u>011 784 0301</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <u>4712445485</u>		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>27766</u>		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.							
<small>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).</small>							
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>1</u>		<u>Box</u>		<u>40x</u>		<u>10x10</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Paul</u>			
Date Received: <u>170518</u>		Time Received: <u>0858</u>		Date Received: <u>170518</u>		Time Received: <u>1310</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			