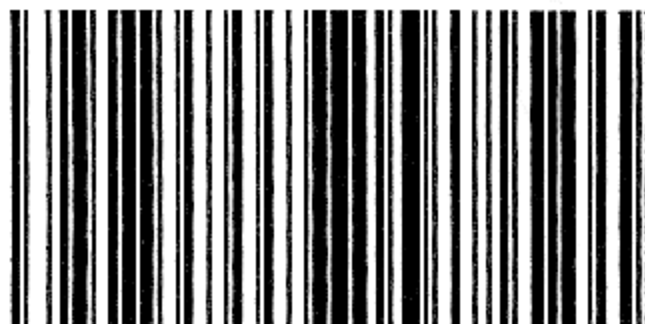


7 7 7 C C C 7 7 7



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



SUBBD28971149

ADDITIONAL  
TRACKING  
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>united</u>		Company Name <u>Le Creuset</u>		<input type="checkbox"/> Same Day	
Street Address <u>12 Jubilee</u>		Street Address <u>Unit 5, Heron Park</u>		<input type="checkbox"/> Express	
<u>Stret, Stutterheim</u>		<u>Olive Grove Industrial</u>		<input type="checkbox"/> With Sunrise Option	
		<u>Somerset West</u>		<input type="checkbox"/> With Saturday Service	
Suburb		Suburb		<input type="checkbox"/> Public Holiday Service	
City / Town <u>STUTT</u> Postal Code <u>4930</u>		City / Town Postal Code <u>7130</u>		<input type="checkbox"/> Economy	
Contact <u>Angela</u>		Contact <u>Mary</u>		<input type="checkbox"/> After Hours	
Phone <u>083 780 2384</u>		Phone <u>021-8517178</u>		<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		<input type="checkbox"/> 1. ONLINE	
Sender's Reference <u>UTI 4629249</u>		Analysis Code		<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS					
Tariff Code <u>027877</u>		Bill To <input type="checkbox"/> Sender 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 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)	
<u>1</u>		<u>1</u>		<u>35 37 11</u>	
Total Mass (Kg) <u>6</u>					
Goods received in full without damage (unless endorsed)		Received By DSV		Depot Hand In	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)		Liability: Value For Loss or Damage <input type="checkbox"/>	
<u></u>		<u>MASHAUME</u>		Liability: (Costs Incidental) To Loss, Damage Or Delay <input type="checkbox"/>	
Date Received:		Date Received:		R .....	
<u></u>		<u>120918</u>		R .....	
Time Received:		Time Received:			
<u></u>		<u>1140</u>			
Signature:		Signature:			
<u></u>		<u></u>			

ACCOUNTS COPY