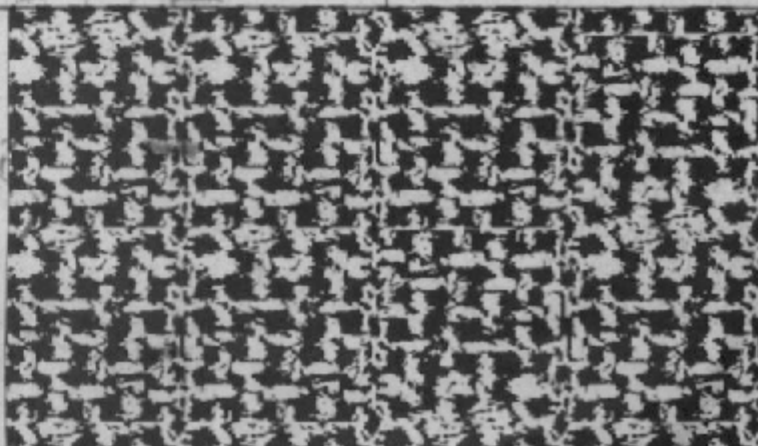


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Sender's Details						Consignee's Details. Full Street Address Please								Mark Service Required					
Company Name <u>C. Nothard</u>						Company Name <u>Le creuset</u>								<input type="checkbox"/> Same Day					
Street Address <u>324 Bulwer Street</u>						Street Address <u>Unit 5 Heon Park Olive Grove Business, 1 Old Paddock Rd</u>								<input type="checkbox"/> Express					
Suburb _____						Suburb <u>66 15:45 28/11</u>								<input type="checkbox"/> With Sunrise Option					
City / Town <u>PMB</u> Postal Code <u>3201</u>						City / Town <u>Somerset West</u> Postal Code <u>7130</u>								<input type="checkbox"/> With Saturday Service					
Contact <u>C. Nothard</u>						Contact <u>Mary</u>								<input checked="" type="checkbox"/> Public Holiday Service					
Phone _____						Phone <u>021 300 1779</u>								<input checked="" type="checkbox"/> Economy					
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other <u>(Please Specify)</u>		<input type="checkbox"/> After Hours					
Sender's Reference						Analysis Code						<input type="checkbox"/> BLNS Customs Tariff							
SPECIAL INSTRUCTIONS														<input type="checkbox"/> 1. ONLINE					
Tariff Code <u>027766</u>						Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 3. EFT					
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)														Total Mass (Kg)					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number						SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>		DATE <u>23/08/18</u>					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT(CM)											
<u>1</u>		<u>1</u>		<u>40 X</u>		<u>40 X</u>		<u>35</u>						<u>2</u>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MARY</u>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ERIC</u>													
Date Received: <u>27 08 18</u>						Time Received: <u>10 25</u>													
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>													

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