

**DSV**

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ADDITIONAL  
TRACKING  
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>le Creuset Watercrest</u>		Company Name <u>le Creuset Warehouse</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop UG 04</u> <u>Watercrest Mall</u> <u>WATERFALL</u>		Street Address <u>Unit 5 Heron Park</u> <u>Olive Grove Industrial Estate</u> <u>Old Paardeui, Road</u>				<input type="checkbox"/> Express	
Suburb <u>DURBAN</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>DURBAN</u> Postal Code <u>4001</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Supacade</u>		Contact <u>Tina Francis</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>031 763 1525</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference <u>Damagest Replacements</u>		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> 1. ONLINE	
Tariff Code		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				<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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		Box					
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>SINYONGA</u>	
Date Received: <u>04 02 19</u>		Time Received: <u>09 50</u>		Date Received: <u>01 02 19</u>		Time Received: <u>15 00</u>	
Signature:		Signature:					