



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds D051
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD27650811

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name: LE CREUSET	Company Name: Le creuset Sandton City	Street Address: CNR KLIPPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062	Street Address: Shop L339 Sandton City Shopping centre 5th and Rivonia Street
Suburb: ASPEN HILLS	Suburb: JHB	City / Town: JNB	City / Town: SANDTON,
Postal Code: 2013	Postal Code: 2196	Contact: LULO NONOISE	Contact: Lescap
Phone: 010 500 0223	Phone: 011 784 0301	Destination Country: ☒ South Africa	Destination Country: ☐ Lesotho
Destination Country: ☐ Botswana	Destination Country: ☐ Namibia	Destination Country: ☐ Swaziland	Destination Country: ☐ Other (Please Specify)
Sender's Reference: 4113822340	Analysis Code:		

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To: ☒ Sender ☐ Consignee ☐ Other (Name Please)

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, 14.6 AND 14.7 OVERLEAF).

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number

SENDER'S AUTHORISED SIGNATURE *[Signature]* **DATE** **16-07-2018**

Mark Service Required

☐ Same Day

☐ Express

☐ With Sunrise Option

☐ With Saturday Service

☐ Public Holiday Service

☒ Economy

☐ After Hours

BLMS Customs Tariff

☐ 1. ONLINE

☐ 3. EFT

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY)	Name Of Courier (PLEASE PRINT CLEARLY)	Date Received:	Time Received:
Lescap	LESCAP	17-07-18	12:27
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	Date Received:	Time Received:
		16-07-18	14:30

