

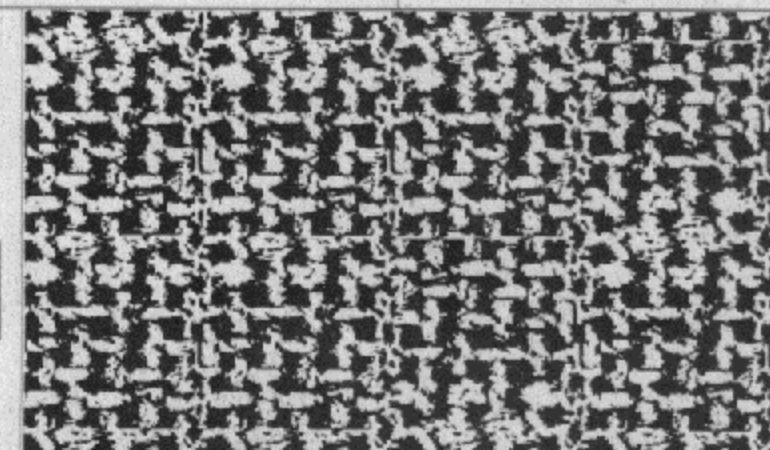


DSV

A black and white photograph showing a dense, vertical pattern of alternating black and white stripes. The stripes are of varying widths and appear slightly irregular, giving the image a textured, almost barcode-like appearance. The pattern fills the entire frame.

SUB HT 11 321918

[illegible]

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET CRESTA		Company Name Le Creuset				<input type="checkbox"/> Same Day	
Street Address BEYERS NAUDE DRIVE SHOP U41 CRESTA SHOPPING CEN CRESTA		Street Address Unit 5 Heron Park Olive Grove Industrial Estate, old Paardevlei Road Somerset - West				<input checked="" type="checkbox"/> Express	
Suburb JOHANNESBURG		Suburb Somerset - West				<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 1600		City / Town Capetown Postal Code 7700				<input type="checkbox"/> With Saturday Service	
Contact Rebego		Contact Lauren Allers				<input type="checkbox"/> Public Holiday Service	
Phone 011 476 6010		Phone 021 851-7178				<input type="checkbox"/> Economy	
Destination Country <input checked="" 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)
Sender's Reference ut18050656				Analysis Code			
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Consignee		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number			
Total Parcels 2		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
						HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) MICHELLE				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) CHRIS			
Date Received: 04/01/17		Time Received: 1026		Date Received: 03/10/17		Time Received: 1628	
Signature: 		Signature: 					

Version Control (06/2016)