

DSV

DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBHT 11015815

SUBHT11015810

SUBHT1101581

82

81

| Sender's Details | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | |
|--|--|--|--|------------------------------------|--|---|--|
| Company Name <u>LE CREUSET BALLITO</u> | | Company Name <u>LE CREUSET LA LUCIA</u> | | | | <input type="checkbox"/> Same Day | |
| Street Address <u>SHOP 244</u> | | Street Address <u>991 WILLIAM CAMPBELL</u> | | | | <input type="checkbox"/> Express | |
| <u>LEONARD DRIVE BALLITO</u> | | <u>DRIVE SHOP 3</u> | | | | <input type="checkbox"/> With Sunrise Option | |
| <u>DOLPHIN COAST</u> | | <u>LA LUCIA MAIL</u> | | | | <input type="checkbox"/> With Saturday Service | |
| Suburb <u>BALLITO</u> | | Suburb <u>DURBAN NORTH</u> | | | | <input type="checkbox"/> Public Holiday Service | |
| City / Town <input type="text"/> | | City / Town <input type="text"/> | | Postal Code <u>4000</u> | | <input checked="" type="checkbox"/> Economy | |
| Contact <u>SONITHA</u> | | Contact <u>LATISHA</u> | | | | <input type="checkbox"/> After Hours | |
| Phone <u>031 - 004 0138</u> | | Phone <u>031 - 575045</u> | | | | <input type="checkbox"/> BLNS Customs Tariff | |
| Destination Country | | South Africa | | Botswana | | <input type="checkbox"/> Lesotho | |
| | | Namibia | | Swaziland | | <input type="checkbox"/> Other (Please Specify) | |
| Sender's Reference <u>UT I 7 8 5 6 4 9 7</u> | | Analysis Code | | | | <input type="checkbox"/> 1. ONLINE | |
| SPECIAL INSTRUCTIONS | | | | | | <input type="checkbox"/> 3. EFT | |
| Bill Charges To Account No. <u>027766</u> | | Bill To Sender <input type="checkbox"/> | | Consignee <input type="checkbox"/> | | Other (Name Please) <input type="checkbox"/> | |
| | | If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges. | | | | Total Mass (Kg) | |
| 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). | | SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> | | | | DATE <u>20/09/2017</u> | |
| 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) | |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| <u>14</u> | | <u>14 X BOXES</u> | | <u>14</u> | | <u>14</u> | |
| Goods received in full without damage (unless endorsed) | | Received By DSV | | | | | |
| Name Of Receiver (PLEASE PRINT CLEARLY) | | Name Of Courier (PLEASE PRINT CLEARLY) | | | | | |
| <u>RENEE</u> | | <u>FELIX</u> | | | | | |
| Date Received: | | Time Received: | | Date Received: | | Time Received: | |
| <u>210917</u> | | <u>1105</u> | | <u>200917</u> | | <u>1230</u> | |
| Signature: <u>[Signature]</u> | | Signature: <u>[Signature]</u> | | | | | |