

DSV

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



A blank sheet of graph paper with a grid pattern. The grid consists of small squares formed by thin black lines. There are some faint smudges and marks on the paper, particularly near the top center and bottom right.

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET S.A		Company Name LE CREUSET S.A						<input type="checkbox"/> Same Day	
Street Address SHOP 267 WOODLANDS BOULEVARD, CNR GARSFORD - EIM 3 DE VILLEBOIS		Street Address UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL ESTATE PHARDEULEI ROAD						<input type="checkbox"/> Express	
Suburb MORELETA PARK		Suburb SOMERSET WEST						<input type="checkbox"/> With Sunrise Option	
City / Town PRETORIA Postal Code 0002		City / Town CAPE TOWN Postal Code 7200						<input type="checkbox"/> With Saturday Service	
Contact MARISKA		Contact JEHMA						<input type="checkbox"/> Public Holiday Service	
Phone 012 997 3777		Phone 021 851 7178						<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> After Hours	
Sender's Reference UTI 0215534		Analysis Code						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 1. ONLINE	
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.									
<p>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).</p>									
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)		HEIGHT (CM)	
1		1 BOX							
<p>Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) EIVINO</p> <p>Date Received: 31/01/18 Time Received: 0920</p> <p>Signature: </p>									
<p>Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Heper</p> <p>Date Received: 29/01/18 Time Received: 1600</p> <p>Signature: </p>									
Total Mass (Kg)									