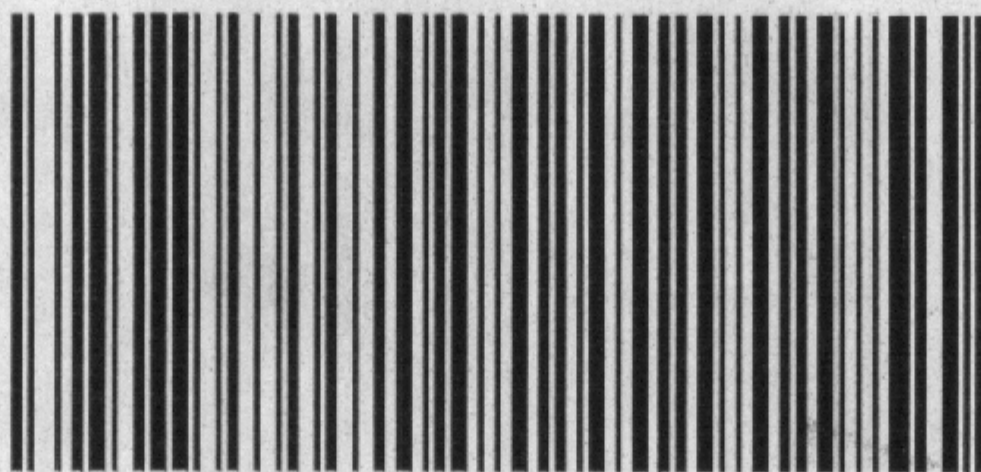




DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD25131616

SUBHT09278762

ADDITIONAL
TRACKING
NUMBERS

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <b>LE CREUSET HEAD OFFICE</b>		Company Name <b>YUPPIECHEF</b>				<input type="checkbox"/> Same Day	
Street Address <b>UNIT 5, HERON PA OLIVE GROVE IND. ESTATE</b>		Street Address <b>UNIT 3, TIFOSA PARK WESTLAKE BUSINESS PARK</b>				<input type="checkbox"/> Express	
<b>OLD PAARDEVLEI RD</b>		<b>WESTLAKE . CT</b>				<input type="checkbox"/> With Sunrise Option	
Suburb <b>SOMERSET WEST</b>		Suburb				<input type="checkbox"/> With Saturday Service	
City / Town <b>CPT</b> Postal Code <b>7130</b>		City / Town <b>CAPE TOWN</b> Postal Code <b>7942</b>				<input checked="" type="checkbox"/> Economy	
Contact <b>JASHIN FRASER</b>		Contact <b>DALE</b>				<input type="checkbox"/> After Hours	
Phone <b>021 851 7178</b>		Phone <b>021 702 4969</b>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho	
Namibia		Swaziland		Other (Please Specify)			
Sender's Reference				Analysis Code			
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender <input checked="" 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.			
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 <input type="checkbox"/>			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<input type="checkbox"/> 2		1 BOX		45		45	
		1 BOX		36		28	
						HEIGHT (CM)	
						52	
						24	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>CLARANCE</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Loeeq</b>			
Date Received: <b>17 07 18</b>				Date Received: <b>16 07 18</b>			
Time Received: <b>09 56</b>				Time Received: <b>17 17</b>			
Signature:				Signature:			
<b>Total Mass (Kg)</b>							
<b>29</b>							

POD COPY

**RECEIVED**

BY YUPPIECHEF ONLINE (PTY) LTD • TEL: (021) 702 4969

**16-07-18**

SENDER'S AUTHORISED SIGNATURE

DATE

