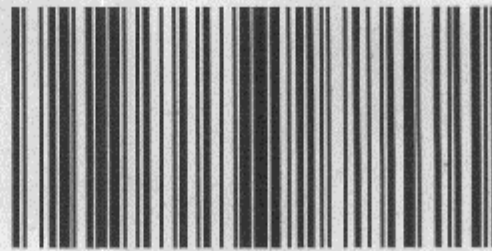


ACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd.
t/a DSV Distribution
PO Box 63, The Reeds 0961
Tel (012) 673-2000
Reg. No. 2006/016342/07
VAT No. 4880189685



SUBBD26760643

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: LE CREUSET SHOP LM30A		Company Name: LE CREUSET SHOP 100 KILLARNEY MALL						<input type="checkbox"/> Same Day	
Street Address: CLEARWATER MALL CHRISTIAN DE WET ROAD		Street Address: 60 RIVIERA RD						<input type="checkbox"/> Express	
Suburb: JOHANNESBURG		Suburb: KILLARNEY						<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2001		City / Town: JHB Postal Code: _____						<input type="checkbox"/> With Saturday Service	
Contact: LISA		Contact: ZUMA						<input checked="" type="checkbox"/> Economy	
Phone: 011 475 1202		Phone: 011 646 6316						<input type="checkbox"/> After Hours	
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
Other: _____ (Please Specify)									
Sender's Reference: UT11944172		Analysis Code: _____						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 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 <input type="checkbox"/>		e-mail Address / Fax Number _____							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) PEARL					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Elias				
Date Received: 130418		Time Received: 1642			Date Received: 130418		Time Received: 1247		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

Version Control (DSV2017)

Total Mass (Kg)

