



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4880189605



SUBBD27219329

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required		
Company Name <u>LE CREUSET WATERFALL</u>		Company Name <u>LE CREUSET SANDTON</u>				Same Day		
Street Address <u>SHOP 101</u>		Street Address <u>SHOP L339</u>				Express		
<u>1 KUCRABES AVENUE</u>		<u>SANDTON SHIPPING CENTRE</u>				With Sunrise Option		
<u>CASHAN EXT 12</u>		<u>5TH AND RIVONIA STREET</u>				With Saturday Service		
Suburb <u>WATERFALL TOWN</u>		Suburb <u>SANDTON</u>				Public Holiday Service		
City/Town <u>RUSTENBURG</u> Postal Code <u>0299</u>		City/Town <u>JOHANNESBURG</u> Postal Code <u>2195</u>				Economy		
Contact <u>MANAGER LERATO</u>		Contact <u>MANAGER LARABO</u>				After Hours		
Phone <u>011 537-2279</u>		Phone <u>011 784 0301</u>				BLNS Customs Tariff		
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	
Sender's Reference <u>6040GIFTBAGS</u>		Analysis Code				1. ONLINE <input type="checkbox"/>  3. EFT <input type="checkbox"/>		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender 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 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 200.00 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								
<b>Total Parcels</b> <input type="text" value="1"/>		<b>NO. OF PARCELS PER DIMENSIONS</b> _____	<b>LENGTH (CM)</b> <u>52</u>	<b>WIDTH (CM)</b> <u>49</u>	<b>HEIGHT (CM)</b> <u>20</u>	<b>Total Mass (Kg)</b>  <u>7kg</u>		
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <u>NTERBOGENG</u>				<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY) <u>LESARO</u>				
Date Received: <u>190318</u>		Time Received: <u>1701</u>		Date Received: <u>160318</u>			Time Received: <u>1617</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>				

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