



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. 4880189685



SUBBD27648310

2 2 2 E E E 2 2 2

Coffee pot Cotton

Sender's Details Company Name: <u>LE CREUSET HOBART GROVE</u> Street Address: <u>SHOP G1</u> <u>CNR HOBART &</u> <u>GROSVENOR ROAD</u> Suburb: <u>BRYANSTON</u> City / Town: <u>JNB</u> Postal Code: <u>2021</u> Contact: <u>SEVARIAN</u> Phone: <u>011 568 4708</u>		Consignee's Details. Full Street Address Please Company Name: <u>Le Creuset Rustenburg</u> Street Address: <u>Shop 101</u> <u>Waterfall Mall</u> <u>Augrabies Avenue</u> Suburb: <u>Rustenburg</u> City / Town: <u>NW</u> Postal Code: <u>0299</u> Contact: <u>Mavis</u> Phone: <u>014 537 2279</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff
Destination Country: <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Sender's Reference: <u>U+13213016</u> Analysis Code:		
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				
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		SENDER'S AUTHORISED SIGNATURE: <u>Roussel</u> DATE: <u>21/06/18</u>		
Total Parcels		Total Mass (Kg)		
NO. OF PARCELS PER DIMENSIONS: <u>1</u>	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>LERATO</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>Mpho</u>		
Date Received: <u>220618</u> Time Received: <u>1037</u>		Date Received: <u>210618</u> Time Received: <u>1610</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		

POD COPY

Version Control (08/2017)

