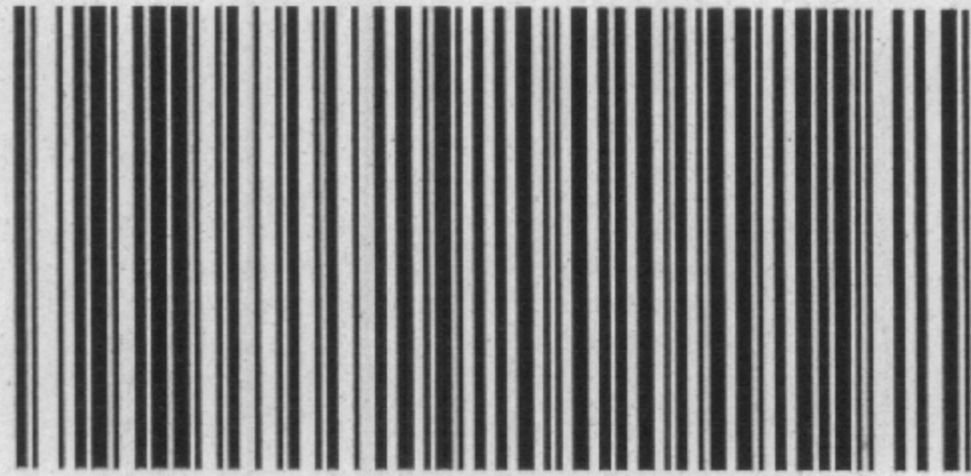




DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD28212387


<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>			
Company Name <b>LE CREUSET BRYANSTON</b>		Company Name <b>LE CREUSET</b>				<input type="checkbox"/> Same Day			
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>UNIT 5 HERON PARK OLIVE GROVE BUSINESS PARK THE INTERCHANGE</b>				<input type="checkbox"/> Express			
Suburb <b>BRYANSTON</b>		Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> With Sunrise Option			
City / Town <b>JNB</b> Postal Code <b>2021</b>		City / Town <b>CAPE TOWN</b> Postal Code				<input type="checkbox"/> With Saturday Service			
Contact <b>SEVARIAN</b>		Contact <b>LAUREN</b>				<input type="checkbox"/> Public Holiday Service			
Phone <b>011 568 4708</b>		Phone <b>021 831 7178</b>				<input checked="" type="checkbox"/> Economy			
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours			
<input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana				<input type="checkbox"/> BLNS Customs Tariff			
<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia							
Sender's Reference		Analysis Code				<input type="checkbox"/> 1. ONLINE			
<b>SPECIAL INSTRUCTIONS</b>		Bill Charges To Account No. <b>027766</b> Bill To <input checked="" 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 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				<input type="checkbox"/> 3. EFT	
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>			
<b>1</b>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Lauren</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>[Signature]</b>					
Date Received: <b>140818</b>		Time Received: <b>1219</b>		Date Received: <b>10/08/18</b>		Time Received: <b>1500</b>			
Signature: <b>[Signature]</b>				Signature: <b>[Signature]</b>					

POD COPY

**Total Mass (Kg)**