

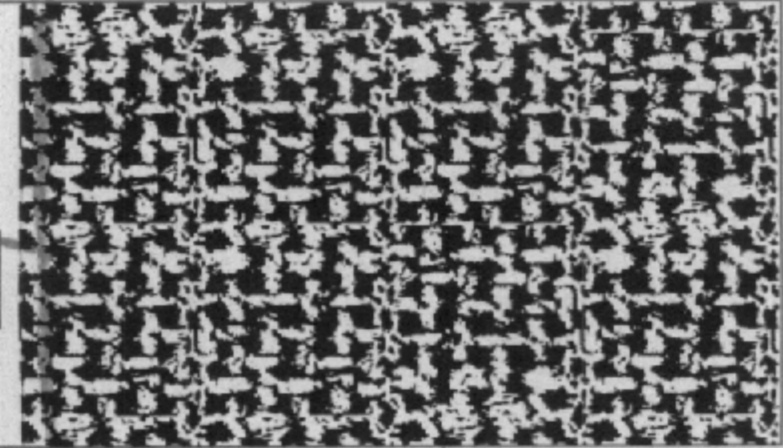


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD28484165

Sender's Details			Consignee's Details, Full Street Address Please						Mark Service Required	
Company Name <u>Le Creuset</u>			Company Name <u>Le Creuset</u>						<input type="checkbox"/> Same Day	
Street Address <u>Shop 12 Company Masilela, Amarand drive</u>			Street Address <u>Unit 5 Heron Park Old Paardevlei Rd, Olive Grove Industrial Estate.</u>						<input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option	
Suburb <u>Waterkloof ext 2.</u>			Suburb <u>Somerset West</u>						<input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service	
City / Town <u>Pretoria</u> Postal Code <u>0181</u>			City / Town <u>Cape Town</u> Postal Code <u>8001</u>						<input type="checkbox"/> Economy	
Contact <u>toni</u>			Contact <u>Vicky</u>						<input type="checkbox"/> After Hours	
Phone <u>012 004 0082</u>			Phone <u>021 851 7178</u>						<input type="checkbox"/> 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	Other (Please Specify)		<input type="checkbox"/>	
Sender's Reference <u>BANKING FILE</u>			Analysis Code						<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS										
Tariff Code <u>027766</u>		Bill To Sender <input 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 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 1000.00 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)		
<u>1</u>		<u>Flu</u>								
Goods received in full without damage (unless endorsed)					Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)					
<u>M S M U T S</u>					<u>Humm</u>					
Date Received:					Date Received:					
<u>020818</u>					<u>020818</u>					
Time Received:					Time Received:					
<u>1021</u>					<u>1705</u>					
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>					



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