

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD29282882

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ADDITIONAL TRACKING NUMBERS									

POD COPY

Sender's Details Company Name: <u>Private - Linda Evans</u> Street Address: <u>99 Kyalami Glen Estate</u> Suburb: <u>Kyalami</u> City / Town: <u>Midrand</u> Postal Code: <u></u> Contact: <u>Linda Evans</u> Phone: <u>082 4408892</u>				Consignee's Details. Full Street Address Please Company Name: <u>Le Creuset</u> Street Address: <u>021 300 1779</u> Suburb: <u></u> City / Town: <u>SSW</u> Postal Code: <u></u> Contact: <u>Mary Schmalz</u> Phone: <u>021 300 1779</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 checked="" type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff			
Destination Country: <u>South Africa</u>		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference: <u></u>						Analysis Code: <u></u>					
SPECIAL INSTRUCTIONS Tariff Code: <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 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: <u></u>										1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
Total Parcels NO. OF PARCELS PER DIMENSIONS: <u>1</u> LENGTH (CM): <u></u> WIDTH (CM): <u></u> HEIGHT (CM): <u></u>										Total Mass (Kg)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>MARY</u> Date Received: <u>200818</u> Time Received: <u>0930</u> Signature: <u>[Signature]</u>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>Water</u> Date Received: <u>160818</u> Time Received: <u>1500</u> Signature: <u>[Signature]</u>					