

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



SUBBD26876277

SUBHT11662709  
222EE222

SUBHT11662706

SUBHT11662748

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET</b> <b>HOBART GROVE</b>		Company Name <b>LE CREUSET ROSEBANK</b>		<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1</b>		Street Address <b>SHOP 202A ROSEBANK MAIL</b>		<input type="checkbox"/> Express	
<b>CNR HOBART &amp; GROSVENOR ROADS</b>		<b>BATH AVENUE</b>		<input type="checkbox"/> With Sunrise Option	
Suburb <b>BRYANSTON</b>		Suburb <b>ROSEBANK</b>		<input type="checkbox"/> With Saturday Service	
City/Town <b>JNB</b> Postal Code <b>2021</b>		City/Town <b>JHB</b> Postal Code <b>2196</b>		<input type="checkbox"/> Public Holiday Service	
Contact		Contact <b>ADAM ROSE</b>		<input checked="" type="checkbox"/> Economy	
Phone <b>011 568 4708</b>		Phone <b>011 568 4745</b>		<input type="checkbox"/> After Hours	
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)				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <b>UTI 7998610</b>		Analysis Code		1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>				3. EFT <input type="checkbox"/>	
Bill Charges To Account No <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		Total Mass (Kg)	
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).		SENDER'S AUTHORISED SIGNATURE <b>[Signature]</b> DATE <b>29/09/17</b>			
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)	
<b>49 40 BOXES + 1 PARCEL</b>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>ROSE</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>AMOS</b>			
Date Received: <b>026017</b> Time Received: <b>HHMM</b>		Date Received: <b>290917</b> Time Received: <b>1620</b>			
Signature: <b>[Signature]</b>		Signature: <b>[Signature]</b>			

POD COPY

Version Control (date: 01/07/17)