

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



SUBBD29086990

2 2 2 E E E 2 2 2

ADDITIONAL
TRACKING
NUMBERS

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	ASPHEN PHARMACEUTICALS	Company Name	LE CREUSET
Street Address	HEALTHCARE PARK BLD 5, WOODLANDS CRY WOODMEAD	Street Address	
Suburb	SANDTON	Suburb	
City / Town		City / Town	Cape Town
Postal Code		Postal Code	
Contact	PHOEBE PIATA	Contact	NAILAH - MARY SCHMALTZ
Phone	079 454 0428	Phone	021 300 1779
Destination Country	South Africa	Lesotho	Namibia
Botswana	Swaziland	Other	(Please Specify)
Sender's Reference		Analysis Code	

SPECIAL INSTRUCTIONS

Tariff Code		Bill To Sender		Consignee		Other (Name Please)	
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)

SENDER'S AUTHORISED SIGNATURE

DATE

Total Mass (Kg)

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

N A A I L A H

Date Received:

1 2 0 0 1 8

Time Received:

1 6 2 1

Signature:

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

C R O S

Date Received:

0 9 1 0 1 8

Time Received:

H H M M

Signature:

