

# 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



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Version Control (08/2017)

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
<b>LE CREUSET HOBART GROVE</b> Company Name <b>SHOP G1</b> Street Address <b>CNR HOBART &amp; GROSVENOR ROADS</b>  <b>BRYANSTON</b> Suburb <b>JNB</b> City / Town <b>2021</b> Postal Code <b>SEVARIAN</b> Contact <b>011 568 4708</b> Phone		<b>LE CREUSET WAREHOUSE</b> Company Name <b>Unit 5 HERON PARK</b> Street Address <b>OLIVE GROVE OLD RICHMOND</b> Road <b>SOMERSET WEST</b> Suburb <b>CAPE TOWN</b> City / Town <b>7129</b> Postal Code <b>LAUREN</b> Contact <b>021 851 7178</b> Phone				Same Day Express With Sunrise Option With Saturday Service Public Holiday Service Economy <input checked="" 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)		Analysis Code				BLNS Customs Tariff	
Sender's Reference <b>UTI 015 0046</b>		SPECIAL INSTRUCTIONS				1. ONLINE <input type="checkbox"/> 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) <input type="checkbox"/> If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				SENDER'S AUTHORISED SIGNATURE <b>Blaback</b> DATE <b>25/01/2018</b>	
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				Total Mass (Kg)	
Total Parcels <b>2</b>		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) <b>EIUVI NO</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Colin</b>		Date Received: <b>25/01/18</b> Time Received: <b>0940</b>	
Date Received: <b>29/01/18</b>		Signature: <b>[Signature]</b>		Date Received: <b>25/01/18</b> Time Received: <b>1709</b>		Signature: <b>[Signature]</b>	