

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD29966787

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <u>Le Creuset SA</u>		Company Name <u>Le Creuset SA</u>		<input type="checkbox"/> Same Day	
Street Address <u>Shop 105</u>		Street Address <u>Unit 5</u>		<input type="checkbox"/> Express	
<u>Garden Route Mall</u>		<u>Heron Park</u>		<input type="checkbox"/> With Sunrise Option	
<u>N2 Highway x Krugersdorp Road</u>		<u>Olive Grove Park</u>		<input type="checkbox"/> With Saturday Service	
Suburb <u>George</u>		Suburb <u>Somerset West</u>		<input type="checkbox"/> Public Holiday Service	
City / Town <u>George</u> Postal Code <u>6546</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>		<input checked="" type="checkbox"/> Economy	
Contact <u>Mr. Sandy - Sue</u>		Contact <u>FRANCI</u>		<input type="checkbox"/> After Hours	
Phone <u>044 004 0112</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 <input type="checkbox"/> Other (Please Specify)		Analysis Code		<input type="checkbox"/> 1. ONLINE	
Sender's Reference <u>UTI6429166</u>		Analysis Code		<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS					
Tariff Code <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
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		SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u> DATE <u>04/02/2019</u>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)	
1		1x Box		WIDTH (CM)	
				HEIGHT (CM)	
Goods received in full without damage (unless endorsed)		Received By DSV		Name Of Receiver (PLEASE PRINT CLEARLY)	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Receiver (PLEASE PRINT CLEARLY)	
Date Received: <u>050219</u>		Date Received: <u>020219</u>		Date Received: <u>020219</u>	
Time Received: <u>1140</u>		Time Received: <u>1333</u>		Time Received: <u>1333</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>	