

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



SUBBD28083417

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name.....		Company Name <u>LE CREUSET</u>		<input type="checkbox"/> Same Day	
Street Address <u>42 BEACH ROAD</u>		Street Address		<input type="checkbox"/> Express	
<u>NAMOCN</u>			<input type="checkbox"/> With Sunrise Option	
Suburb <u>NAMOCN</u>		Suburb		<input type="checkbox"/> With Saturday Service	
City / Town <u>EL</u> Postal Code <u>5201</u>		City / Town <u>CAPE TOWN</u> Postal Code		<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Contact		Contact <u>021 851 7178</u>		<input type="checkbox"/> After Hours	
Phone <u>083 464 2664</u>		Phone <u>MARIE</u>		<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify) <u>SA</u>			
Sender's Reference		Analysis Code			
SPECIAL INSTRUCTIONS					
Bill Charges To Account No. <u>027877</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
<p>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).</p>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		3. EFT <input type="checkbox"/>	
		<p><u>Signature</u> SENDER'S AUTHORISED SIGNATURE</p>		<p><u>26/02/2018</u> DATE</p>	
		<p>Total Mass (Kg) <u>2</u></p>			
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)
<u>1</u>		<u>1</u>	<u>26</u>	<u>30</u>	<u>28</u>
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
<u>XAVIER</u>		<u>OPHOLAH</u>			
Date Received:		Date Received:			
<u>280218</u>		<u>260218</u>			
Time Received:		Time Received:			
<u>10:00</u>		<u>10:00</u>			
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>			

Version Control (09/2017)