

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213673



SUBBD25003761

SUBH105987369
371
370

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET SA		Company Name LE CREUSET HOBART GROVE				<input type="checkbox"/> Same Day	
Street Address SHOP U41		Street Address SHOP G1				<input type="checkbox"/> Express	
CRESTA SHOPPING CENTRE		CNR HOBART & GROSVENDR RDS				<input type="checkbox"/> With Sunrise Option	
BEJERS NAUDE DRIVE						<input type="checkbox"/> With Saturday Service	
Suburb RANDBURG		Suburb BRYANSTON				<input type="checkbox"/> Public Holiday Service	
City / Town JHB Postal Code SISA		City / Town JHB Postal Code 2012				<input checked="" type="checkbox"/> Economy	
Contact SISA		Contact Savacion				<input type="checkbox"/> After Hours	
Phone 011 476 6010		Phone 011 568 4708				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input 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)					
Sender's Reference UT I 779244		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 27766		Bill To <input 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.			
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).							
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)							
4							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Sevanan				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) SPHATAM			
Date Received: 060418		Time Received: 1138		Date Received: 050418		Time Received: 1710	
Signature: Sfe				Signature: [Signature]			

Total Mass (Kg)