

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD24860678

POD COPY

Sender's Details			Consignee's Details. Full Street Address Please						Mark Service Required			
Company Name <u>LE CREUSET</u>			Company Name <u>Le Creuset HEAD OFFICE</u>						<input type="checkbox"/> Same Day			
Street Address <u>MALL OF AFRICA</u> <u>SHOP 2040</u>			Street Address <u>Unit 5, HERON PARK</u> <u>OLIVE GROVE INDUSTRIAL</u>						<input checked="" type="checkbox"/> Express			
<u>CNR ALLANDALE & BEN SCHOEMAN</u>									<input type="checkbox"/> With Sunrise Option			
Suburb <u>HIGHWAY -MIDRAND</u>			Suburb <u>Somerset west</u>						<input type="checkbox"/> With Saturday Service			
City / Town <u>JNB</u>		Postal Code <u>2066</u>	City / Town <u>CAPE TOWN</u>		Postal Code				<input type="checkbox"/> Public Holiday Service			
Contact <u>CASSANDA</u>			Contact <u>VICKY</u>						<input type="checkbox"/> Economy			
Phone <u>011 568 2097</u>			Phone <u>021 851 7178</u>						<input 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	Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff			
Sender's Reference <u>F I L E</u>						Analysis Code				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT		
SPECIAL INSTRUCTIONS												
Bill Charges To Account No. <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>				Total Mass (Kg) <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		
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).												
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.												
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)				
1												
Goods received in full without damage (unless endorsed)						Received By DSV						
Name Of Receiver (PLEASE PRINT CLEARLY) <u>A de Beer</u>						Name Of Courier (PLEASE PRINT CLEARLY) <u>Mazur</u>						
Date Received: <u>020218</u>			Time Received: <u>0950</u>			Date Received: <u>010218</u>			Time Received: <u>1250</u>			
Signature:						Signature:						

