

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2009M015747/07  
VAT Reg. No. 4260213873



SUBBD24860742


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <b>LE CREUSET</b>		Company Name: <b>Le Creuset Clearwater</b>						<input type="checkbox"/> Same Day	
Street Address: <b>MALL OF AFRICA SHOP 2040</b>		Street Address: <b>SHOP UM3DA, CHRISTIAAN DE WET ROAD, HENBRICK POTGIETER CLEARWATER MALL</b>						<input type="checkbox"/> Express	
<b>CNR ALLANDALE &amp; BEN SCHOEMAN</b>								<input type="checkbox"/> With Sunrise Option	
Suburb: <b>HIGHWAY - MIDRAND</b>		Suburb: <b>?</b>						<input type="checkbox"/> With Saturday Service	
City / Town: <b>JNB</b> Postal Code: <b>2066</b>		City / Town: <b>?</b> Postal Code: <b>2001</b>						<input type="checkbox"/> Public Holiday Service	
Contact: <b>CASSANDA</b>		Contact: <b>LISA</b>						<input checked="" type="checkbox"/> Economy	
Phone: <b>011 568 2097</b>		Phone: <b>011 475 1202</b>						<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	
<input type="checkbox"/> Other (Please Specify)									
Sender's Reference		Analysis Code						BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>								1. ONLINE <input type="checkbox"/>	
Bill Charges To Account No: <b>027765</b>		Bill To: <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <input type="checkbox"/>	
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 12.6, 12.6 AND 12.7 OVERLEAF).		SENDER'S AUTHORIZED SIGNATURE: <i>Klausmann</i> DATE: <b>29/10/17</b>						Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number							
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
<b>1</b>		<b>Parcel</b>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>A Y A N D A</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>MARINUS</i>					
Date Received: <b>020118</b>		Time Received: <b>0900</b>		Date Received: <b>241217</b>		Time Received: <b>1500</b>			
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>					

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