

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



SUBBD24991747

Sender's Details Company Name <u>LE CREUSET CRESTA</u> Street Address <u>BEYERS NAUDE DRIVE</u> <u>SHOP U41 CRESTA SHOPPING CEN</u> <u>CRESTA</u> Suburb <u>JOHANNESBURG</u> City / Town <u>JNB</u> Postal Code _____ Contact _____ Phone <u>011 476 6010</u>		Consignee's Details. Full Street Address Please Company Name <u>LE CREUSET HEAD OFFICE</u> Street Address <u>UNIT 5 HERON PARK</u> <u>OLIVE GROVE INDUSTRIAL</u> <u>ESTATE PAARDEVELD</u> Suburb <u>SOMERSET WEST</u> City / Town <u>CAPE TOWN</u> Postal Code _____ Contact <u>ACCOUNTS</u> Phone <u>021 851 7178</u>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy After Hours <input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> 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 _____		
Sender's Reference _____				
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ 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 _____		SENDER'S AUTHORISED SIGNATURE <u>Y. Ntsheni</u> DATE <u>02/01/2018</u>		
Total Parcels		Total Mass (Kg) _____		
NO. OF PARCELS PER DIMENSIONS <u>1</u>	LENGTH (CM) _____	WIDTH (CM) _____	HEIGHT (CM) _____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>J BENADE</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>CHRIS</u>		
Date Received: <u>04 01 18</u> Time Received: <u>08 48</u>		Date Received: <u>02 01 18</u> Time Received: <u>17 10</u>		
Signature: <u>J Bena</u>		Signature: <u>[Signature]</u>		

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Version Control (06/2016)