

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 1/a DSV Distribution
 PO Box 83, The Reeds 0081
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD24991758

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET CRESTA		Company Name le creuset						<input type="checkbox"/> Same Day	
Street Address BEYERS NAUDE DRIVE SHOP U41 CRESTA SHOPPING CEN CRESTA		Street Address Unit 5 Heron Park olive Grae Business Park Interchange Somerset West						<input type="checkbox"/> Express	
Suburb JOHANNESBURG		Suburb Somerset West						<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 		City / Town Cape Town Postal Code 						<input type="checkbox"/> With Saturday Service	
Contact SISA		Contact LAUREN						<input type="checkbox"/> Public Holiday Service	
Phone 011 476 6010		Phone 012 851 7178						<input type="checkbox"/> Economy	
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 						<input type="checkbox"/> After Hours	
Sender's Reference UT10952664		Analysis Code 						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 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 AUTHORIZED SIGNATURE Mayo DATE 02/03/08						Total Mass (Kg) 	
Total Parcels 1		NO. OF PARCELS PER DIMENSIONS 1		LENGTH (CM) flyer		WIDTH (CM) 		HEIGHT (CM) 	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LAUREN					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) CHRISTINA				
Date Received: 030318		Time Received: 0948		Date Received: 020318		Time Received: 1614			
Signature: [Signature]					Signature: [Signature]				

POD COPY

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