

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. 4260213873



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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | Mark Service Required |
|---|--|--|--|--|--|---|
| Company Name <u>le Creuset Cresta</u> | | Company Name <u>le Creuset Rosebank</u> | | | | <input type="checkbox"/> Same Day |
| Street Address <u>Shop 441 Cresta Shopping Center Bayers Park drive Cresta</u> | | Street Address <u>Shop 202A Rosebank So Bath Avenue Rosebank Johannesburg</u> | | | | <input type="checkbox"/> Express |
| Suburb <u>drive Cresta</u> | | Suburb <u>Johannesburg</u> | | | | <input type="checkbox"/> With Sunrise Option |
| City / Town <u>Randburg</u> Postal Code <u> </u> | | City / Town <u>Rosebank</u> Postal Code <u>2196</u> | | | | <input type="checkbox"/> With Saturday Service |
| Contact <u>Si Sa</u> | | Contact <u>Elien</u> | | | | <input type="checkbox"/> Public Holiday Service |
| Phone <u>011 476 0010</u> | | Phone <u>011 568 4745</u> | | | | <input checked="" type="checkbox"/> Economy |
| Destination Country <u>South Africa</u> | | Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> | | | | <input type="checkbox"/> After Hours |
| Sender's Reference <u>4711057649</u> | | Analysis Code <u> </u> | | | | <input type="checkbox"/> BLNS Customs Tariff |
| SPECIAL INSTRUCTIONS | | | | | | |
| Bill Charges To Account No <u>47027766</u> | | 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 280.00 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). | | | | | | |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/> | | e-mail Address / Fax Number <u>0603208</u> | | | | |
| Total Parcels <u>1</u> | | NO. OF PARCELS PER DIMENSIONS <u>Box</u> | | LENGTH (CM) | | WIDTH (CM) |
| | | | | | | HEIGHT (CM) |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ROSE</u> | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>SPHRAFM</u> | | |
| Date Received: <u>070318</u> | | Time Received: <u> </u> | | Date Received: <u>060318</u> | | Time Received: <u>1629</u> |
| Signature: <u>[Signature]</u> | | | | Signature: <u>[Signature]</u> | | |

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Version Control (PK-2016)

