

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25078851

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop 15, Constantia Village</u>		Street Address <u>Unit 5 Heron Park Olive Grove Industrial Estate Business Park.</u>				
Suburb <u>Corner Constantia Main Road</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> Express
City / Town <u>Cape Town</u> Postal Code <u>7800</u>		City / Town <u>Somerset West</u> Postal Code				<input type="checkbox"/> With Sunrise Option
Contact <u>Nicole</u>		Contact <u>USA / HR</u>				<input type="checkbox"/> With Saturday Service
Phone <u>021-7943615</u>		Phone <u>021-3517173</u>				<input type="checkbox"/> Public Holiday Service
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 checked="" type="checkbox"/> Economy
Sender's Reference <u>UTI 9973981</u>		Analysis Code				<input type="checkbox"/> After Hours
SPECIAL INSTRUCTIONS						
Bill Charges To Account No.	<input type="checkbox"/>	Bill To Sender	<input type="checkbox"/>	Consignee	<input type="checkbox"/>	Other (Name Please)
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, 12.8 AND 12.7 OVERLEAF).						
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)	Total Mass (Kg)	
<u>1</u>						
Goods received in full without damage (unless endorsed)				Received By DSV		
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)		
<u>EI VINO</u>				<u>STEPHIL</u>		
Date Received:		Time Received:		Date Received:		Time Received:
<u>190118</u>		<u>0915</u>		<u>180118</u>		<u>1530</u>
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>		

POD COPY

