

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



SUBBD25396637

Sender's Details Company Name: <u>le creuset Brooklyn</u> Street Address: <u>Brooklyn mall</u> <u>Shop 318, corner of</u> <u>Waterkloof and Veale</u> Suburb: <u>Brooklyn</u> City/Town: <u>Pretoria</u> Postal Code: <u>0002</u> Contact: <u>Anuska</u> Phone: <u>012 346 2840</u>		Consignee's Details. Full Street Address Please Company Name: <u>le creuset</u> Street Address: <u>unit 5, Heron park, olive</u> <u>grove industrial park estate</u> Suburb: <u>Somerseet west</u> City/Town: <u>Capetown</u> Postal Code: <u>7200</u> Contact: <u>Franci</u> Phone: <u>021 451 7178</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff: <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT			
Destination Country: <input 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: <u>4T19182905</u> Analysis Code:					
SPECIAL INSTRUCTIONS Bill Charges To Account No: <u>027766</u> Bill To: <input type="checkbox"/> 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 12.3, 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>[Signature]</u> DATE: <u>10-01-2018</u>					
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS: <u>Box</u>	LENGTH (CM):	WIDTH (CM):	HEIGHT (CM):	Total Mass (Kg):		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Mersal</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>Stanford</u>					
Date Received: <u>12 01 18</u>		Time Received: <u>08 430</u>		Date Received: <u>10 01 18</u>		Time Received: <u>17 49</u>	
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Signature:			

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Version Control (08/2016)