

Constantia

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



SUBBD25463710


<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <b>LE CREUSET BOUTIQUE STO</b>				Company Name <b>Le Creuset Boutique store</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP 20B GARDENS CENTRE</b>				Street Address <b>Shop 15</b>				<input type="checkbox"/> Express	
<b>BUITENKANT STREET</b>				<b>The Constantia Village</b>				<input type="checkbox"/> With Sunrise Option	
<b>GARDENS</b>				<b>Constantia</b>				<input type="checkbox"/> With Saturday Service	
City/Town <b>CPT LAURENCIA FITCHE</b>		Postal Code <b>8001</b>		City/Town <b>CPT</b>		Postal Code <b>7800</b>		<input type="checkbox"/> Public Holiday Service	
Contact <b>021 462 7277</b>				Contact <b>NICOLE</b>				<input checked="" type="checkbox"/> Economy	
Phone <b>021 462 7277</b>				Phone <b>021 794 3615</b>				<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <b>UT10484521</b>				Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 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 12.6, 12.6 AND 12.7 OVERLEAF).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
<b>1</b>								<b>43.6cm</b>	
<b>Goods received in full without damage (unless endorsed)</b>					<b>Received By DSV</b>				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<b>NICOLE</b>					<b>JODI</b>				
Date Received:		Time Received:			Date Received:		Time Received:		
<b>120419.</b>		<b>1242</b>			<b>090218</b>		<b>1430</b>		
Signature: <b>N. Lerax</b>					Signature: <b>[Signature]</b>				

POD COPY

Version Control (02/2016)