

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. 4260213673



SUBBD25508928

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name: LE CREUSET BOUTIQUE STORE		Company Name: LE CREUSET				<input type="checkbox"/> Same Day			
Street Address: L68, CAVENDISH S VINEYARD ROAD		Street Address: THE CONSTANTIA VILLAGE SHOP 100, CONSTANTIA MAIN ROAD AND SPAANS GEMACHT ROAD, CONSTANTIA				<input type="checkbox"/> Express			
Suburb: CLAREMONT		Suburb: ROAD, CONSTANTIA				<input type="checkbox"/> With Sunrise Option			
City/Town: CPT		City/Town: 7708		City/Town: 7700		<input type="checkbox"/> With Saturday Service			
Postal Code: 7708		Postal Code: 7700				<input type="checkbox"/> Public Holiday Service			
Contact: ZAHIRA HOUSEN		Contact: NICOLE / GARNETTE				<input checked="" type="checkbox"/> Economy			
Phone: 021 671 9550		Phone: 021 794 3615				<input type="checkbox"/> After Hours			
Destination Country: South Africa		Destination Country: Botswana, Lesotho, Namibia, Swaziland, Other (Please Specify)				<input type="checkbox"/> BLNS Customs Tariff			
Sender's Reference: Uti0178419		Analysis Code:				<input type="checkbox"/> 1. ONLINE			
SPECIAL INSTRUCTIONS		Bill Charges To Account No: 027766				<input type="checkbox"/> 3. EFT			
Bill To: <input type="checkbox"/> Sender		Bill To: <input checked="" type="checkbox"/> Consignee				Total Mass (Kg)			
Bill To: <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).		SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i>				DATE: 26/01/2018			
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)			
1									
Goods received in full without damage (unless endorsed)		Received By DSV							
Name Of Receiver (PLEASE PRINT CLEARLY): GARNETTE		Name Of Courier (PLEASE PRINT CLEARLY): [Signature]							
Date Received: 29 01 18		Time Received: 10 14		Date Received: 26 01 18				Time Received: 12 10	
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>							

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