

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. 4280213873



SUBBD25508958

Sender's Details Company Name: LE CREUSET BOUTIQUE STORE Street Address: 168, CAVENDISH S VINEYARD ROAD CLAREMONT Suburb: CAPE TOWN City/Town: CPT Postal Code: 7708 Contact: ZARRIRA HOUSEN Phone: 021 671 9550		Consignee's Details. Full Street Address Please Company Name: LE CREUSET Street Address: Shop 100, Killarney Mall Riviera Road Killarney, Johannesburg Suburb: Killarney, Johannesburg City/Town: Johannesburg Postal Code: 2193 Contact: Phone: 011 646 6316		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 <input type="checkbox"/> BLNS Customs Tariff
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		Sender's Reference: UTI#122010 Analysis Code:		
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To: <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/> Total Mass (Kg)		
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).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i> DATE: 06-08-2018		
Total Parcels 1	NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)	Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): FUNDI Date Received: 080818 Time Received: 1185 Signature: <i>[Signature]</i>		
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): CLIVE Date Received: 060818 Time Received: 1435 Signature: <i>[Signature]</i>				

POD COPY