

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



SUBBD25699965

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>Le Creuset Baywest</u>		Company Name <u>Le Creuset Waterstone</u>					<input type="checkbox"/> Same Day	
Street Address <u>Shp 29 43</u>		Street Address <u>Shop 30, Waterstone</u>					<input type="checkbox"/> Express	
<u>lower level, Baywest Mall,</u>		<u>Village Shopping Centre, CNR</u>					<input type="checkbox"/> With Sunrise Option	
<u>N2, Walker Drive Extension,</u>		<u>R44 and Main road,</u>					<input type="checkbox"/> With Saturday Service	
Suburb <u>Walker Drive extension</u>		Suburb <u>Somerset west</u>					<input type="checkbox"/> Public Holiday Service	
City / Town <u>P.E</u>	Postal Code <u>6001</u>	City / Town <u>Cape Town</u>	Postal Code <u>7130</u>					<input checked="" type="checkbox"/> Economy
Contact <u>Leuc</u>	Contact <u>Candice</u>							<input type="checkbox"/> After Hours
Phone <u>04 004 0011</u>	Phone <u>021 851 1982</u>							<input type="checkbox"/> BLNS Customs Tariff
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)		
Sender's Reference <u>VH10342544</u>	Analysis Code							<input type="checkbox"/> 1. ONLINE
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. <u>027766</u>	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>					<input type="checkbox"/> 3. EFT
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).								
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)		
1		1	24	22	17	1		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Candice</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>XOLANI</u>				
Date Received: <u>100518</u>		Time Received: <u>0938</u>		Date Received: <u>080518</u>		Time Received: <u>1707</u>		
Signature: <u>Almaan</u>				Signature: <u>[Signature]</u>				

Version Control (03/2016)