

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



SUBBD25699981

Rect Dish					
width - 33cm					

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Baynest</u>		Company Name <u>Le Creuset Online</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop LG43 Baynest Mall, N2</u>		Street Address <u>Unit 5, Heron Park Olive Grove, Industrial Est. Old Paardevelei Rd.</u>				<input type="checkbox"/> Express	
Suburb <u>Nolker Drive Ext.</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <u>Port Elizabeth</u> Postal Code <u>6001</u>		City/Town <u>Cape Town</u> Postal Code <u>8001</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Kene' Newfeldt</u>		Contact <u>Mary</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>041 004 0011</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other		Analysis Code				<input type="checkbox"/> After Hours	
Sender's Reference <u>UTI: 128900311017</u>						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 1. ONLINE	
Bill Charges To Account No. <u>27766</u>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				<input type="checkbox"/> 3. EFT	
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"/>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
Total Parcels <u>1</u>		<u>1 Box</u>		<u>137</u>		<u>33</u>	
						HEIGHT (CM) <u>43</u>	
Goods received in full without damage (unless endorsed)		Name Of Receiver (PLEASE PRINT CLEARLY)		Received By DSV		Name Of Courier (PLEASE PRINT CLEARLY)	
Name Of Receiver <u>MARY</u>		Date Received: <u>140618</u>		Date Received: <u>130618</u>		Name Of Courier <u>XOLANI</u>	
Time Received: <u>1022</u>		Signature: <u>[Signature]</u>		Time Received: <u>1640</u>		Signature: <u>[Signature]</u>	
						Total Mass (Kg) <u>10</u>	

POD COPY

Version Control (06/2016)