

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0361
Tel (012) 673-2000
Reg. No. 2004/015747/02
VAT Reg. No. 4280213673



SUBBD25871480

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name LE CREUSET		Company Name Noniiso Mngwenya					<input type="checkbox"/> Same Day
Street Address UNIT 7 OUBE HOEK CNR CHURCH & ANDRINGA STREET		Street Address 30-3313 Corner of Borbel and Rynicfontein					<input type="checkbox"/> Express
Suburb STELLENBOSCH		Suburb THATCHFIELD HILLS					<input type="checkbox"/> With Sunrise Option
City / Town CAPE TOWN Postal Code 7140		City / Town SH3 Postal Code					<input type="checkbox"/> With Saturday Service
Contact CHERYL		Contact Noniiso					<input type="checkbox"/> Public Holiday Service
Phone 021 300 3168		Phone 021 483 3916					<input checked="" type="checkbox"/> Economy
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference UT72374664		Analysis Code					<input type="checkbox"/> After Hours
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
<p><small>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 250 000 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).</small></p>							
SENDER'S AUTHORISED SIGNATURE <i>Adum</i>					DATE 06/05/18		
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					BLNS Customs Tariff 1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/> Total Mass (Kg)
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)			
<input type="checkbox"/>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) KAYMOND				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Leet			
Date Received: 110518		Time Received: 09450		Date Received: 090518			
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>					

POD COPY

Version Control (06/2018)