

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



SUBBD25871481

ADDITIONAL									
TRACKING									
NUMBERS									

<b>Sender's Details</b> Company Name: <u>LE CREUSET</u> Street Address: <u>UNIT 7 OUDE HOEK</u> <u>CNR CHURCH &amp;</u> <u>ANDRINGA STREET</u> Suburb: <u>STELLENBOSCH</u> City / Town: <u>CAPE TOWN</u> Postal Code: <u>7140</u> Contact: <u>CHERYL</u> Phone: <u>021 300 3168</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>MR Locruset SA</u> Street Address: <u>Unit 5 Olive Grove</u> <u>Road Merun Park</u> <u>Old Paarde Rd.</u> Suburb: <u>Soncisot West</u> City / Town: [ ] Postal Code: <u>7150</u> Contact: <u>may Yolanda</u> Phone: <u>021-300</u>				<b>Mark Service Required</b> <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 BLNS Customs Tariff [ ]											
Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Sender's Reference: <u>UT: 2224491</u> Analysis Code: [ ]				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT											
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <u>26/4/18</u> 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 AUTHORISED SIGNATURE [Signature] DATE [ ]											
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number [ ]		<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	<u>1</u>					Total Mass (Kg) [ ]	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)													
<u>1</u>																	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Yolanda</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>															
Date Received: <u>300418</u> Time Received: <u>1010</u>		Date Received: <u>26/4/18</u> Time Received: <u>[Signature]</u>				Signature: [Signature]											

POD COPY

Version Control (06/2016)