

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



SUBBD25871483

ADDITIONAL					
TRACKING					
NUMBERS					

Sender's Details Company Name: <u>LE CREUSET</u> Street Address: <u>UNIT 7, OUDE HOEK CNR CHURCH & 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>		Consignee's Details. Full Street Address Please Company Name: <u>LE CREUSET WATERFRONT</u> Street Address: <u>SHOP 6199 VICTORIA WHARF CENTRE V&A WATERFRONT</u> Suburb: _____ City / Town: <u>CAPE TOWN</u> Postal Code: _____ Contact: <u>CINDY</u> Phone: <u>021 421 8521</u>		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 BLNS Customs Tariff
Destination Country: <u>South Africa</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/>		
Sender's Reference: <u>UT10782205</u>		Analysis Code: _____		
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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 _____		SENDER'S AUTHORIZED SIGNATURE: <u>Adam</u> DATE: <u>22/02/18</u>		
Total Parcels: _____ NO. OF PARCELS PER DIMENSIONS: _____ LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____	Total Mass (K): _____			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>DION BAIRN</u> Date Received: <u>20218</u> Signature: <u>[Signature]</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): _____ Date Received: <u>20218</u> Time Received: <u>18:10</u> Signature: _____		

POD COPY

Revision Control: (06/2016)