

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25871485

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	LE CREUSET	Company Name	LE CREUSET SOMERSET MALL	<input type="checkbox"/> Same Day	
Street Address	UNIT 7, OUDE HOEK CNR CHURCH & ANDRINGA STREET	Street Address	SHOP 45 SOMERSET MALL CNE of AL2 AND BULL	<input type="checkbox"/> Express	
Suburb	STELLENBOSCH	Suburb	SOMERSET WEST	<input type="checkbox"/> With Sunrise Option	
City / Town	CAPE TOWN	City / Town	CAPE TOWN	<input type="checkbox"/> With Saturday Service	
Postal Code	7140	Postal Code	7130	<input type="checkbox"/> Public Holiday Service	
Contact	CHERYL	Contact	ELZEE	<input checked="" type="checkbox"/> Economy	
Phone	021 300 3168	Phone	021 851 0661	<input type="checkbox"/> After Hours	

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
---------------------	--------------	----------	---------	---------	-----------	------------------------

Sender's Reference	UT10751533	Analysis Code	
--------------------	------------	---------------	--

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 027766 Bill To Sender Consignee Other (Name Please)

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 12.6 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).

Signature: *[Signature]* DATE: 21/02/18

SENDER'S AUTHORISED SIGNATURE DATE

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)

<p>Goods received in full without damage (unless endorsed)</p> <p>Name Of Receiver (PLEASE PRINT CLEARLY)</p> <p>ROSAAN</p> <p>Date Received: 220218 Time Received: 1209</p> <p>Signature: <i>[Signature]</i></p>	<p>Received By DSV</p> <p>Name Of Courier (PLEASE PRINT CLEARLY)</p> <p> </p> <p>Date Received: Time Received: </p> <p>Signature: </p>	
---	---	--

Version Control (08/2015)