

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



SUBBD25926661

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET MALL OF AFRI</u>		Company Name <u>Le-Creuset (online store)</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 2040</u> <u>CNR ALLANDALE &</u> <u>BEN SCHOEMAN HIGHWAY</u>		Street Address <u>Unit 5 Heron Park</u> <u>Olive Grove Industrial Park</u> <u>Old Paardylei Road</u> <u>Somerset West</u>				<input type="checkbox"/> Express	
Suburb <u>WATERFALL ESTATE</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>JNB</u> Postal Code <u>2066</u>		City / Town <u>Cape Town</u> Postal Code <u>7130</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>PHINDILE KHANGALE</u>		Contact <u>MARY (JOLANDE)</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 568 2097</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		BLNS Customs Tariff	
		Swaziland		Other (Please Specify)			
Sender's Reference <u>26cm S. Skillet Grill Ocean B</u>		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To Sender <input checked="" 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		Box					
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>Thulani</u>			
Date Received: <u>160818</u>		Time Received: <u>0950</u>		Date Received: <u>140818</u>		Time Received: <u>1630</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
Total Mass (Kg)							

POD COPY

Version Control (05/2016)