

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



SUBBD26095933

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Sender's Details | | Consignee's Details. Full Street Address Please | | | | | | Mark Service Required | |
|--|--|--|----------------|------------------------------------|---|--|--|---|--|
| Company Name LE CREUSET | | Company Name LE CREUSET SOUTH AFRICA | | | | | | <input type="checkbox"/> Same Day | |
| Street Address SHOP 105 GARDEN ROUTE MALL NZ HIGHWAY & KNYSNA RD | | Street Address UNIT 5 HERON PARK OLIVE GROVE PARK | | | | | | <input type="checkbox"/> Express | |
| Suburb GEORGE | | Suburb SOMERSET WEST | | | | | | <input type="checkbox"/> With Sunrise Option | |
| City / Town GEORGE (GRJ) Postal Code 6546 | | City / Town CPT Postal Code 8001 | | | | | | <input type="checkbox"/> With Saturday Service | |
| Contact ELZANNE | | Contact SENNA PULSER | | | | | | <input type="checkbox"/> Public Holiday Service | |
| Phone 044 004 0112 | | Phone 021 851 7178 | | | | | | <input checked="" type="checkbox"/> Economy | |
| Destination Country | | South Africa | | Botswana | | Lesotho | | Namibia | |
| | | | | | | | | Swaziland | |
| | | | | | | | | Other (Please Specify) | |
| Sender's Reference | | Analysis Code | | | | | | After Hours | |
| | | | | | | | | <input type="checkbox"/> BLNS | |
| | | | | | | | | <input type="checkbox"/> Customs | |
| | | | | | | | | <input type="checkbox"/> Tariff | |
| SPECIAL INSTRUCTIONS | | | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To Sender <input type="checkbox"/> | | Consignee <input type="checkbox"/> | | Other (Name Please) <input type="checkbox"/> | | 1. ONLINE <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) | | HEIGHT (CM) | |
| 1 | | 1 Box | | | | | | | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) | | | | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) | | | | |
| Name Mason | | | | | Name C. CANTON | | | | |
| Date Received: | | | Time Received: | | Date Received: | | | Time Received: | |
| 26 07 18 | | | 09:30 | | 25 07 18 | | | 16:00 | |
| Signature: [Signature] | | | | | Signature: [Signature] | | | | |
| Total Mass (Kg) | | | | | | | | | |

POD COPY

Version Control (06/2016)