

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



SUBBD26095971

SUBHT 11531283


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>Le Creuset</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP 105 GARDEN ROUTE MALL N2 HIGHWAY &amp; KNYSNA RD</b>		Street Address <b>Unit 5 Heron Park, Olive Grove Business Park, The interchange</b>				<input type="checkbox"/> Express	
Suburb <b>GEORGE</b>		Suburb <b>Somerset West</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>GEORGE (GRJ)</b> Postal Code <b>6546</b>		City / Town <b>Cape Town</b>		Postal Code <b>8001</b>		<input type="checkbox"/> With Saturday Service	
Contact <b>ELZANNE</b>		Contact <b>Lauren Allers</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>044 004 0112</b>		Phone <b>021 851 7178</b>				<input checked="" type="checkbox"/> Economy	
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other		Analysis Code				<input type="checkbox"/> After Hours	
Sender's Reference						BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>						1. ONLINE <input type="checkbox"/>	
Bill Charges To Account No. <b>0277661</b>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				3. EFT <input type="checkbox"/>	
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 AUTHORIZED SIGNATURE <i>[Signature]</i>				DATE <b>22/02/2018</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						Total Mass (Kg)	
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<b>HEIGHT (CM)</b>							
<b>2</b>		<b>2 Flyer Bags</b>					
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
Date Received: <b>23 02 18</b>		Date Received: <b>22 02 18</b>		Time Received: <b>17 20</b>			
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>					

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