

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD26324351

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required					
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>						<input type="checkbox"/> Same Day					
Street Address <u>Shop L21</u>		Street Address <u>Unit 5 Heron Park</u>						<input type="checkbox"/> Express					
<u>Nicolway Shopping center</u>		<u>Old Pootenvlei road</u>						<input type="checkbox"/> With Sunrise Option					
<u>William Nicol drive</u>		<u>Irek estate</u>						<input type="checkbox"/> With Saturday Service					
Suburb <u>Braganston</u>		Suburb <u>Somerset West</u>						<input type="checkbox"/> Public Holiday Service					
City / Town <u>JHB</u> Postal Code _____		City / Town <u>Cape town</u> Postal Code _____						<input checked="" type="checkbox"/> Economy					
Contact <u>ZANELE</u>		Contact _____						<input type="checkbox"/> After Hours					
Phone <u>011 706 2198</u>		Phone <u>021 851 7178</u>						BLNS Customs Tariff					
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <u>UTZ2185635</u>		Analysis Code						1. ONLINE <input type="checkbox"/>					
SPECIAL INSTRUCTIONS													
Bill Charges To Account No. <u>27766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <input type="checkbox"/>		Total Mass (Kg)			
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 DEV 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)					
<u>1</u>													
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Mason</u>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>							
Date Received: <u>20 04 18</u>						Date Received: <u>20 04 18</u>							
Time Received: <u>09:30</u>						Time Received: <u>15:10</u>							
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>							

POD COPY

24/4/18



Version Control (03/2018)