

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 53, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/016747/07
VAT Reg. No. 4260213873



SUBBD26324356

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>L21 Nicolway</u> <u>William Nicol drive</u> <u>Nicolway shopping center</u>		Street Address <u>unit 5 Heron PARK</u> <u>Old Paardenelei road</u> <u>Trel estate</u>						<input checked="" type="checkbox"/> Express			
Suburb <u>Bryanston</u>		Suburb <u>Somerset West</u>						<input type="checkbox"/> With Sunrise Option			
City/Town <u>JHB</u> Postal Code		City/Town <u>Cape town</u> Postal Code						<input type="checkbox"/> With Saturday Service			
Contact <u>ZANELE</u>		Contact <u>Accounts</u>						<input type="checkbox"/> Public Holiday Service			
Phone <u>011 706 2198</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> Economy			
Destination Country		South Africa		Botswana		Lesotho		Namibia			
								Other (Please Specify)			
Sender's Reference		Analysis Code						<input type="checkbox"/> After Hours			
SPECIAL INSTRUCTIONS											
Bill Charges To Account No.		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								3. EFT <input type="checkbox"/>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT(CM)		Total Mass (Kg)	
<u>1</u>											
Goods received in full without damage (unless endorsed)					Received By DSV						
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)						
<u>J BENADE</u>					<u>Colleen</u>						
Date Received:					Date Received:						
<u>170418</u>					<u>160418</u>						
Time Received:					Time Received:						
<u>1056</u>					<u>1500</u>						
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>						

POD COPY

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