

CONTRACT FOR CARRIAGE / DISPATCH NOTE

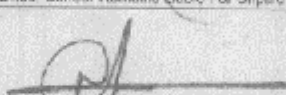
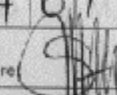



DSV South Africa
 173 DSV Distribution
 PO Box 63, The Reeds 0061
 Tel: (012) 673-2000
 Reg. No. 2004/01574767
 VAT Reg. No. 4260213873



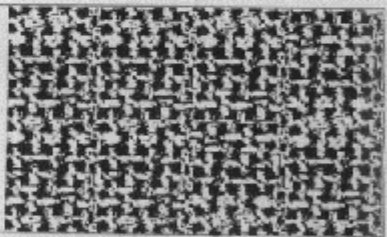
SUBBD26435395

SUBHT11741702
 SUBHT11741701

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name: LE CREUSET MALL OF THE SHOP G062		Company Name: LE CREUSET					<input type="checkbox"/> Same Day	
Street Address: MALL OF THE SOUTH		Street Address: SHOP 401 Nicolway Shopping centre					<input type="checkbox"/> Express	
Suburb: ASPEN HILLS-JHB		Suburb: WILLIAM NCD. DRIVE					<input type="checkbox"/> With Sunrise Option	
City/Town: JNB Postal Code: _____		City/Town: BRYANSTON. Postal Code: _____					<input type="checkbox"/> With Saturday Service	
Contact: LULO NONOISE		Contact: ZANILE					<input type="checkbox"/> Public Holiday Service	
Phone: 010 500 0223		Phone: (011) 706 1199					<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) _____					<input type="checkbox"/> After Hours	
Sender's Reference: UT19660171		Analysis Code: _____					<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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 12.6, 12.6 AND 12.7 OVERLEAF).								
SENDER'S AUTHORIZED SIGNATURE: 						DATE: 3/01/2018		
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)		
3		_____		_____		_____		
HEIGHT (CM)		_____						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Munakg				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) KEU BEN				
Date Received: 04 01 18		Time Received: 11 08		Date Received: 03 01 18		Time Received: 16 10		
Signature: 				Signature: 				

POD COPY

Version Control (30/01/2016)



Total Mass (Kg)