

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

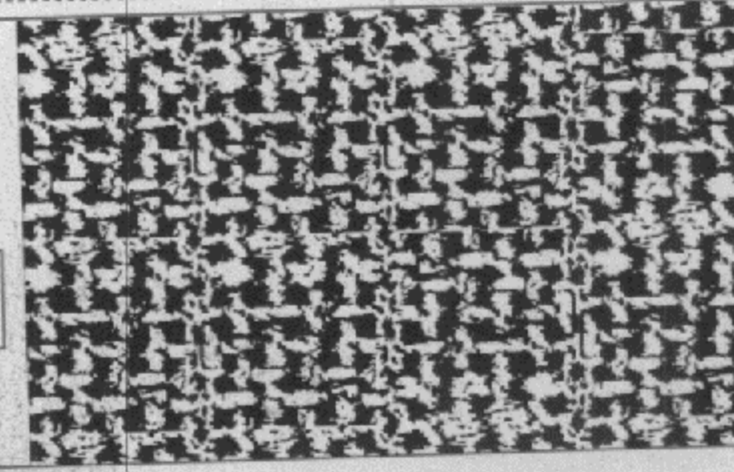


SUBBD26435437

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 UNIT 5 HERON PARK						<input type="checkbox"/> Express	
KLIPRIVIER DRIVE & SWARTKOPPI		OLIVE GROVE BUSINESS PARK						<input type="checkbox"/> With Sunrise Option	
Suburb ASPEN HILLS-JHB		Suburb SOMERSET WEST						<input type="checkbox"/> With Saturday Service	
City / Town JNB Postal Code		City / Town CAPE TOWN Postal Code 8001						<input checked="" type="checkbox"/> Economy	
Contact LULO NONOISE		Contact HELENA						<input type="checkbox"/> After Hours	
Phone 010 500 0223		Phone 021 851 7178						BLNS Customs Tariff	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To Sender <input checked="" 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									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
ECU/MO					Andrew				
Date Received:					Date Received:				
160218					130218				
Time Received:					Time Received:				
0920					1030				
Signature:					Signature:				

POD COPY

Version Control (06/2016)



3. EFT

Total Mass (Kg)