

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



SUBBD26435442

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET MALL OF THE SHOP G062</u>		Company Name <u>Le Creuset</u>				Same Day	
Street Address <u>MALL OF THE SOUTH</u>		Street Address <u>Unit 5 Heron Park Olive Grove Park</u>				Express <input checked="" type="checkbox"/>	
Suburb <u>KLIPRUIER DRIVE & SWARTKOPPI</u>		Suburb <u>Somerset West</u>				With Sunrise Option	
City / Town <u>JNB</u> Postal Code <u>2001</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>				With Saturday Service	
Contact <u>LULO NONOISE</u>		Contact <u>Vicky</u>				Public Holiday Service	
Phone <u>010 500 0223</u>		Phone <u>021 851 7178</u>				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 (Please Specify)						After Hours	
Sender's Reference <u>UT10305341</u>		Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				1. ONLINE <input type="checkbox"/>	
Bill Charges To Account No. <u>027766</u>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				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).		<u>[Signature]</u> SENDER'S AUTHORISED SIGNATURE				DATE <u>01-02-18</u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed)		Received By DSV				[Security Pattern]	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
<u>BENADE</u>		<u>Andrew</u>					
Received: <u>20218</u> Time Received: <u>0950</u>		Date Received: <u>010218</u> Time Received: <u>1500</u>					
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>					