

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



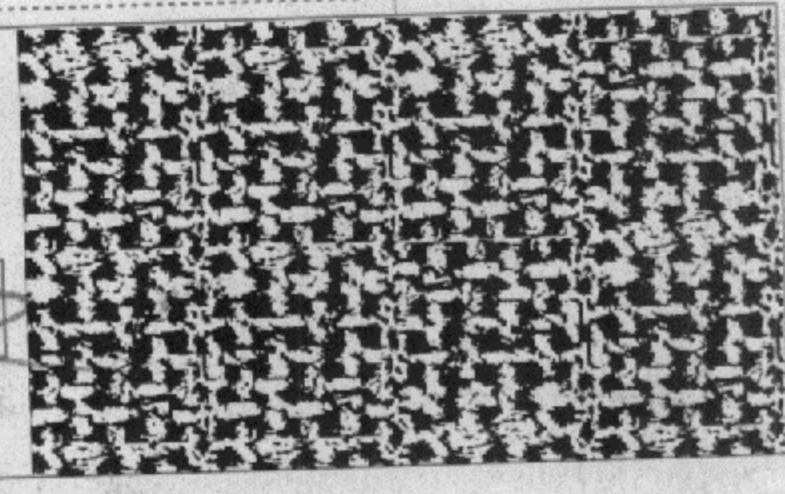
SUBBD26508510

SUBHT05403949									

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required		
Company Name	LE CREUSET S.A	Company Name	LE CREUSET S.A						<input type="checkbox"/> Same Day	
Street Address	SHOP 267 WOODLANDS BOULEVARD, CNR GARSFONTEIN GROVE, INDUSTRIAL ESTATE 3 DE VILLEBOIS	Street Address	Unit 5 HERON PARK OLIVE PARADEULEI ROAD						<input type="checkbox"/> Express	
Suburb	MORELETA	Suburb	SOMERSET WEST						<input type="checkbox"/> With Sunrise Option	
City / Town	PRETORIA	City / Town	CAPE TOWN						<input type="checkbox"/> With Saturday Service	
Postal Code	0002	Postal Code	7200						<input type="checkbox"/> Public Holiday Service	
Contact	MARISKA	Contact	FRANCI						<input checked="" type="checkbox"/> Economy	
Phone	012 991 3777	Phone	021 851 7178						<input type="checkbox"/> After Hours	
Destination Country	<input checked="" type="checkbox"/> South Africa	Other (Please Specify)							<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference							<input type="checkbox"/> 1. ONLINE			
SPECIAL INSTRUCTIONS		TO BE FIXED						<input type="checkbox"/> 3. EFT		
Bill Charges To Account No.	027766	Bill To	<input type="checkbox"/> Sender	<input type="checkbox"/> Consignee	<input type="checkbox"/> Other (Name Please)					
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)						
Goods received in full without damage (unless endorsed)										
Name Of Receiver (PLEASE PRINT CLEARLY)										
BASIL										
Date Received:					Time Received:					
210518					1020					
Signature:										
Received By DSV										
Name Of Courier (PLEASE PRINT CLEARLY)										
Date Received:					Time Received:					
180518					1608					
Signature:										

POD COPY

Version Control (06/2016)



Total Mass (Kg)