

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 873-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260219873



SUBBD26508679

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le creuset S.A</u>		Company Name <u>Le creuset S.A</u>				<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
Street Address <u>Shop 267 Woodlands Boulevard, Cnr Garsfontein & De Villebois</u>		Street Address <u>Unit 5, Heron Park Olive Grove, Industrial Estate Paardvlei Road</u>				
Suburb <u>Moreleta Park</u>		Suburb <u>Somerset West</u>				
City/Town <u>Pretoria</u> Postal Code <u>0002</u>		City/Town <u>CAPE TOWN</u> Postal Code <u>7200</u>				
Contact <u>MARISA</u>		Contact <u>Jenna OR FRANCI.</u>				
Phone <u>012 997 3777</u>		Phone <u>021 851 7178</u>				
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)						
Sender's Reference <u>UT10544193</u>		Analysis Code				
SPECIAL INSTRUCTIONS						
Bill Charges To Account No <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> 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 12.5, 12.6 AND 12.7 OVERLEAF).						
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS <u>BOX</u>		LENGTH (CM)		
				WIDTH (CM)		
				HEIGHT (CM)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MARISA</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>				
Date Received: <u>14/02/18</u>		Time Received: <u>09:30</u>		Date Received: <u>12/02/18</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>				
		Total Mass (Kg)				

POD COPY

Version Control (06/2018)