

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD26760660

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name LE CREUSET	Company Name LE CREUSET	Street Address UNIT 5 HERON PARK	Street Address OLIVE GROVE
Street Address SHOP UM30A	Street Address OLIVE GROVE	Street Address OLD FREDERICK ROAD	Street Address OLD FREDERICK ROAD
Street Address CLEARWATER MALL	Street Address OLD FREDERICK ROAD	Street Address SOMERSET WEST	Street Address SOMERSET WEST
Street Address CHRISTIAN DE WET ROAD	Street Address SOMERSET WEST	Street Address SOMERSET WEST	Street Address SOMERSET WEST
Suburb JOHANNESBURG	Suburb JOHANNESBURG	Suburb SOMERSET WEST	Suburb SOMERSET WEST
City / Town JNB Postal Code 2001	City / Town CAPE TOWN Postal Code 7200	City / Town CAPE TOWN Postal Code 7200	City / Town CAPE TOWN Postal Code 7200
Contact LISA	Contact VICKY	Contact VICKY	Contact VICKY
Phone 011 475 1202	Phone 021 851 7178	Phone 021 851 7178	Phone 021 851 7178

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	UT12126926				Analysis Code	

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027765**

Bill To Sender Consignee Other (Name Please)

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 14.14 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 14.5 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 14.5, 14.6 AND 14.7 OVERLEAF).

[Signature] **SENDER'S AUTHORISED SIGNATURE** **01/06/2018** **DATE**

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
X1	flyer			

1. ONLINE

3. EFT

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) **J BENADE**

Date Received: **01/06/18** Time Received: **11:00**

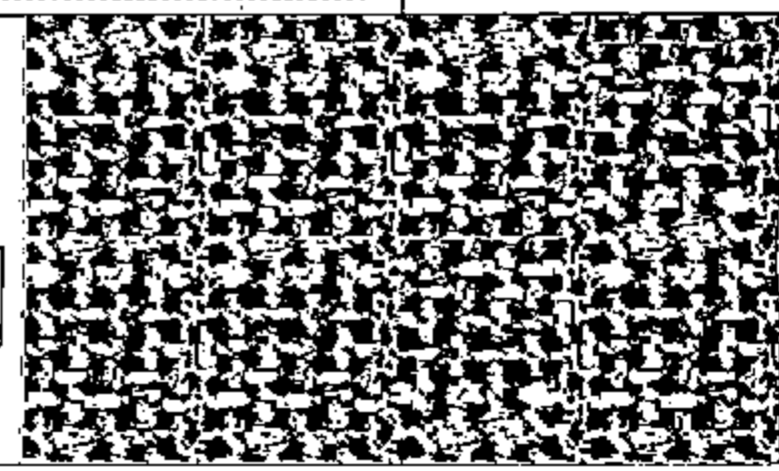
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) **SA**

Date Received: **01/06/18** Time Received: **12:17**

Signature: *[Signature]*



POD COPY

Version Control (08/2017)