

**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



SUBBD26769079

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POD COPY

<b>Sender's Details</b>			<b>Consignee's Details. Full Street Address Please</b>						<b>Mark Service Required</b>			
Company Name: <b>Le Creuset</b>			Company Name: <b>Le creuset CPT</b>						<input type="checkbox"/> Same Day			
Street Address: <b>90 William Cambell drive, sho</b>			Street Address: <b>Unit 01, Meron Park</b>						<input checked="" type="checkbox"/> <b>Express</b>			
City / Town: <b>La Lucia</b>			City / Town: <b>olive Grove JND estate</b>						<input type="checkbox"/> With Sunrise Option			
Suburb: <b>Umhlanga</b>			Suburb: <b>old Paardevlei Road</b>						<input type="checkbox"/> With Saturday Service			
Postal Code: <b>4000</b>			Suburb: <b>somerset west</b>						<input type="checkbox"/> Public Holiday Service			
Contact: <b>Bill McIntosh/Marion</b>			City / Town: <b>cape Town</b>						<input type="checkbox"/> Economy			
Phone: <b>0315725045</b>			Postal Code: _____						<input type="checkbox"/> After Hours			
Destination Country: <b>South Africa</b>			Contact: <b>ATT: Accounts</b>						<input type="checkbox"/> BLNS Customs Tariff			
Other: _____			Phone: <b>021-8517178</b>									
Sender's Reference: <b>UTJ 2 49 2 858</b>			Analysis Code: _____						<input type="checkbox"/> 1. ONLINE  <input type="checkbox"/> 3. EFT			
<b>SPECIAL INSTRUCTIONS</b>												
Bill Charges To Account No. _____			Bill To: <input type="checkbox"/> Sender			Consignee: <input type="checkbox"/>					Other (Name Please): <input type="checkbox"/>	
<p>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).</p>												
<b>SENDER'S AUTHORISED SIGNATURE</b>						<b>DATE</b>				<b>Total Mass (Kg)</b>		
<i>(Signature)</i>						<b>17/05/18</b>						
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____												
<b>Total Parcels</b>												
NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)						
1		Flyer										
Goods received in full without damage (unless endorsed)					Received By DSV							
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)							
C BROWN					General							
Date Received: 18 05 18					Date Received: 17 05 18							
Time Received: 08 57					Time Received: 13 00							
Signature: <i>(Signature)</i>					Signature: <i>(Signature)</i>							

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