

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



SUBBD26769094

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please			
Company Name..... Le Creuset	Company Name..... Le creuset CPT	Street Address..... Unit 01, Heron Park olive Grove 2ND estate old Paardelei Road Somerset west			
Street Address..... 90 William Cambell drive, sho La Lucia Umhlanga	Street Address.....	Suburb.....			
Suburb.....	Suburb.....	City / Town..... CAPE TOWN Postal Code.....			
City / Town..... DUR Postal Code..... 4000	City / Town.....	Contact..... ATT: Helena Davids			
Contact..... Bill McIntosh/Marion	Contact.....	Phone..... 021-8517178			
Phone..... 0315725045	Phone.....	Destination Country: South Africa <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>			
Sender's Reference.....	Analysis Code.....				

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 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).

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Assie **02/05/2018**

SENDER'S AUTHORISED SIGNATURE DATE

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
1	1	BOY		

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) **ELVINO**

Date Received: **040518** Time Received: **0955**

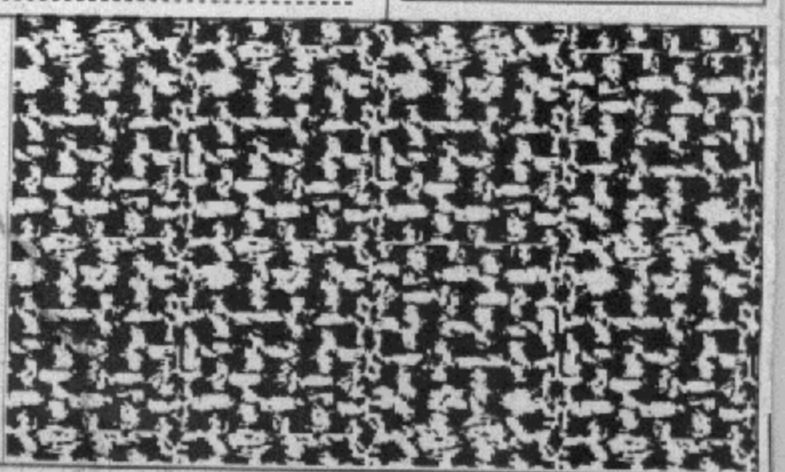
Signature: *[Signature]*

Received By DSV

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

Date Received: **020518** Time Received: **1415**

Signature: *[Signature]*



Version Control (08/2017)