

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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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

SUBBD26815451

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name Le Creuset		Company Name LE CREUSET OPT				<input type="checkbox"/> Same Day	
Street Address 90 William Cambell drive, sho		Street Address UNIT 01 HEARON PARK				<input checked="" type="checkbox"/> Express	
La Lucia		OLIVE GROVE IND ESTATE				<input type="checkbox"/> With Sunrise Option	
Umhlanga		OLD PAARDEULEI ROAD				<input type="checkbox"/> With Saturday Service	
Suburb		Suburb SOMERSET WEST				<input type="checkbox"/> Public Holiday Service	
City / Town DUR Postal Code 4000		City / Town CAPE TOWN Postal Code 8000		<input type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Contact Bill McIntosh/Marion		Contact VIOKY				<input type="checkbox"/> BLNS Customs Tariff	
Phone 0315725045		Phone 021 851 7178				<input type="checkbox"/>	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference UT 1 0305389		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027756		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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).							
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)	
1		FIYER					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) J BENADE				Name Of Courier (PLEASE PRINT CLEARLY) Gerald			
Date Received: 020218		Time Received: 0950		Date Received: 010218		Time Received: 1700	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

Total Mass (Kg)

