

**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 573-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4880189685



SUBBD26815473

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>Le Creuset</b>		Company Name <b>le creuset somerset west</b>						<input type="checkbox"/> Same Day	
Street Address <b>90 William Cambell drive, sho</b>		Street Address <b>Shop 45, Somerset Mall</b>						<input type="checkbox"/> Express	
<b>La Lucia</b>		<b>Somerset west</b>						<input type="checkbox"/> With Sunrise Option	
<b>Umhlanga</b>								<input type="checkbox"/> With Saturday Service	
Suburb		Suburb						<input type="checkbox"/> Public Holiday Service	
City / Town <b>DUR</b> Postal Code <b>4000</b>		City / Town <b>Cape Town</b> Postal Code <b>7130</b>						<input checked="" type="checkbox"/> Economy	
Contact <b>Bill McIntosh/Marion</b>		Contact <b>ATT: elize Du Plessis</b>						<input type="checkbox"/> After Hours	
Phone <b>031-5725045</b>		Phone <b>021-851 1982</b>						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <b>1183150</b>								Analysis Code	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No.		Bill To Sender		Consignee		Other (Name Please)		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
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 14.8 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			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
1		1		BOY					
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
Allison					Gera Ad				
Date Received:					Date Received:				
140318					120318				
Time Received:					Time Received:				
1217					1345				
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

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