

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 53, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4880189585



SUBBD26830826


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name: <b>SHOP 224</b>	Company Name: <b>Le creuset SA</b>	Street Address: <b>Unit 5</b>	Street Address: <b>Unit 5</b>
Street Address: <b>LEONORA DRIVE</b>	Street Address: <b>LEONORA PARK</b>	Street Address: <b>Olive Grove Industrial Estate</b>	Street Address: <b>Olive Grove Industrial Estate</b>
Street Address: <b>BALLITO DOLPHIN COAST</b>	Street Address: <b>BALLITO DOLPHIN COAST</b>	Street Address: <b>BALLITO DOLPHIN COAST</b>	Street Address: <b>BALLITO DOLPHIN COAST</b>
Suburb: <b>DURBAN</b>	Suburb: <b>SOMERSET WEST</b>	Suburb: <b>SOMERSET WEST</b>	Suburb: <b>SOMERSET WEST</b>
City / Town: <b>DUR</b>	City / Town: <b>CAPE TOWN</b>	City / Town: <b>CAPE TOWN</b>	City / Town: <b>CAPE TOWN</b>
Contact: <b>SONITHA</b>	Contact: <b>LISA</b>	Contact: <b>LISA</b>	Contact: <b>LISA</b>
Phone: <b>021 851 7178</b>	Phone: <b>021 851 7178</b>	Phone: <b>021 851 7178</b>	Phone: <b>021 851 7178</b>

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: **UT10864471** Analysis Code: **027766**

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **027766**

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).

SENDER'S AUTHORISED SIGNATURE: *[Signature]* DATE: **26-02-2018**

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<b>1</b>				

1. ONLINE

3. EFT

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **LISA**

Date Received: **270218** Time Received: **0918**

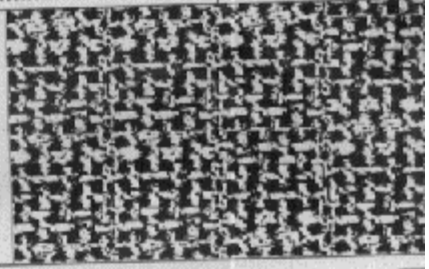
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): **RODNEY**

Date Received: **260218** Time Received: **1550**

Signature: *[Signature]*



Version Control: 09/2017