

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. 4680189685



SUBBD27083537

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET ROSEBANK		Company Name LE CREUSET Head Office				<input type="checkbox"/> Same Day	
Street Address SHOP 202A ROSEBANK MALL		Street Address UNIT 3, Acornpark Road				<input type="checkbox"/> Express	
BATH AVENUE		business park				<input type="checkbox"/> With Sunrise Option	
Suburb ROSEBANK		Suburb Somerset West				<input type="checkbox"/> With Saturday Service	
City / Town DNB Postal Code 2196		City / Town Cape Town Postal Code 021851-7178				<input type="checkbox"/> Public Holiday Service	
Contact ELLEN		Contact Jenny				<input checked="" type="checkbox"/> Economy	
Phone 011 568 4754		Phone 021 851 7178				<input type="checkbox"/> After Hours	
Destination Country <input checked="" type="checkbox"/> South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/>				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference UT1710779		Analysis Code				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Bill To Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 3. EFT	
To Account No. 027766		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				Total Mass (Kg)	
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		SENDER'S AUTHORISED SIGNATURE <i>[Signature]</i>		DATE 02/04/18	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) ELLEN				Name Of Courier (PLEASE PRINT CLEARLY) MW 124217			
Date Received: 05/04/18		Time Received: 0935		Date Received: 07/04/18		Time Received: 1545	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

DSV 08/2017