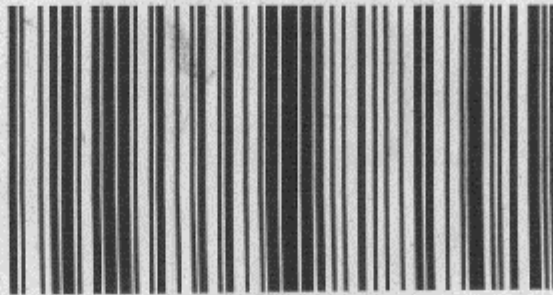


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD27083541


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <b>LE CREUSET ROSEBANK SHOP 202A ROSEBANK MALL</b>		Company Name <b>LE CREUSET HEAD OFFICE</b>				<input type="checkbox"/> Same Day
Street Address <b>BATH AVENUE</b>		Street Address <b>UNITS HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PARKVIEW ROAD</b>				
Suburb <b>ROSEBANK</b>		Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> Express
City / Town <b>TNR</b>	Postal Code <b>2196</b>	City / Town <b>CAPE TOWN</b>	Postal Code <b>7801</b>			<input type="checkbox"/> With Sunrise Option
Contact <b>ELLEN</b>		Contact <b>LISA HR</b>				<input type="checkbox"/> With Saturday Service
Phone <b>011 568 4754</b>		Phone <b>021 351 7178</b>				<input type="checkbox"/> Public Holiday Service
Destination Country		(Please Specify)				<input type="checkbox"/> Economy
South Africa <input checked="" type="checkbox"/>		Botswana				<input type="checkbox"/> After Hours
Lesotho		Namibia				BLNS Customs Tariff
Swaziland		Other				
Sender's Reference <b>UT1219429</b>		Analysis Code				1. ONLINE <input type="checkbox"/>
SPECIAL INSTRUCTIONS						
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				3. EFT <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 Mass (Kg)
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)		
Goods received in full without damage (unless endorsed)						
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)			
<b>ECV/MB</b>			<b>1044114171</b>			
Date Received:		Time Received:		Date Received:		
<b>250818</b>		<b>1000</b>		<b>130318 1520</b>		
Signature:			Signature:			

POD COPY

Version Control: (06/2017)

