

**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. 4880189685



SUBBD27087866

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Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSET TABLE BAY	Company Name	Le creuset
Street Address	SHOP G086 TABLE BAY MALL CNR R27 & BERKSHIRE BLVD	Street Address	Unit 5 Heron Park, Olive Grove Bussiness
Suburb	BLOBERG	Suburb	Somerset West
City / Town	CAPE TOWN	City / Town	Cape town
Postal Code	7436	Postal Code	7130
Contact	ALHADIA	Contact	Lisa De Beer
Phone		Phone	021 851 7178

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
<b>Economy</b>
After Hours
BLNS Customs Tariff

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	UT 1425367				Analysis Code	

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No.  027766  Bill To Sender  Consignee  Other (Name Please)  16-08-18

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).

*[Signature]* **SENDER'S AUTHORISED SIGNATURE**      16-08-18 **DATE**

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
1		121		

1. ONLINE

3. EFT

Total Mass (Kg)

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)

LISA

Date Received: 17 08 18      Time Received: 10 28

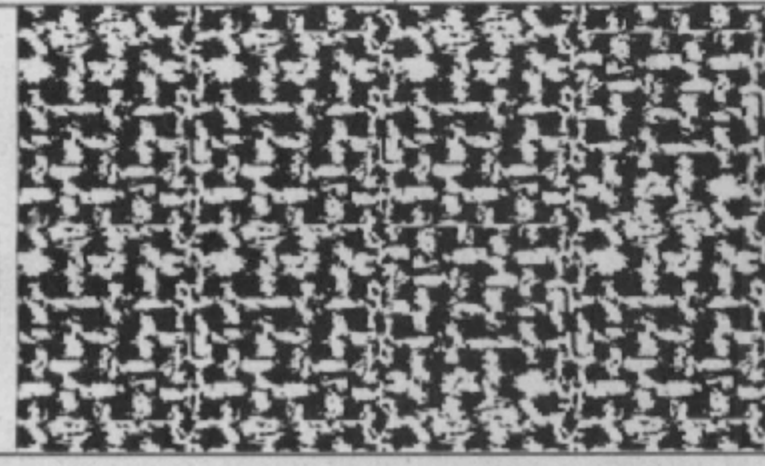
Signature: *[Signature]*

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)

*[Signature]*

Date Received: 16 08 18      Time Received: 12 05

Signature: *[Signature]*



POD COPY      Version Control (08/2017)