

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 673-2000
Reg. No. 2000/015342/07
VAT No. 4980189585



SUBBD27156681

POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET HOBART GROVE SHOP G1				Company Name: LE CREUSET HYDE PARK SHOP G1				<input type="checkbox"/> Same Day	
Street Address: CNR HOBART GROSVENOR ROADS				Street Address: SHOP G1, UPPER MALL HYDE PARK CORNER C/O JAN SMITS : 6TH AVE HYDE PARK				<input type="checkbox"/> Express	
Suburb: BRYANSTON				Suburb: HYDE PARK				<input type="checkbox"/> With Sunrise Option	
City / Town: JNB SEVARTAN		Postal Code: 2021		City / Town: JOHANNESBURG		Postal Code: 2196		<input type="checkbox"/> With Saturday Service	
Contact: 011 568 4708				Contact: PATRICIA				<input type="checkbox"/> Public Holiday Service	
Phone: 011 568 4708				Phone: 011 335 5606				<input checked="" type="checkbox"/> Economy	
Destination Country: South Africa		Botswana		Lesotho		Namibia		<input type="checkbox"/> After Hours	
		Swaziland		Other		(Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: UT12228794				Analysis Code:				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number				Sfe 25/4/2018 SENDER'S AUTHORISED SIGNATURE DATE				Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): PATRICIA					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): SILAS				
Date Received: 020518		Time Received: 1033		Date Received: 260418		Time Received: 1402			
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>					

Version Correct (09/2017)