

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 573-2000
Reg. No. 2009/016342/07
VAT No. 4880189685



SUBBD27156689

2 2 2 E E E 2 2 2

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 BEDFORD				<input type="checkbox"/> Same Day	
Street Address CNR HOBART GROSVENOR ROADS		Street Address SHOP 417 BEDFORDVIEW CENTRE CNR SMITH AND DER LINDE STREETS BEDFORDVIEW				<input type="checkbox"/> Express	
Suburb BRYANSTON		Suburb BEDFORDVIEW				<input type="checkbox"/> With Sunrise Option	
City/Town JNB Postal Code 2021		City/Town JOHANNESBURG Postal Code 2008				<input type="checkbox"/> With Saturday Service	
Contact SEVARTAN		Contact NATASHA				<input type="checkbox"/> Public Holiday Service	
Phone 011 568 4708		Phone 011 615 1923				<input checked="" type="checkbox"/> Economy	
Destination Country <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference UT12163907		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
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 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 Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Natasha				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Q195			
Date Received: 24 APR 18		Time Received: 12:13		Date Received: 23 04 18		Time Received: 15:35	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

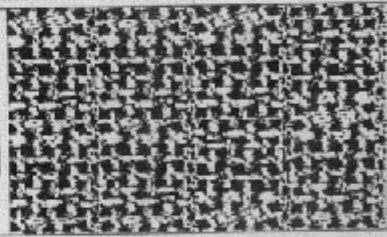
POD COPY

[Signature] **23/4/2018**
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE

3. EFT

Total Mass (Kg)



Version Control (01/2011)