

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



SUBBD27187595

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>Stanton City Shopping Centre 155 St Street Shop 6339</u>		Street Address <u>Unit 6 Heilou Park Industrial Estate Old Bontevelde Road</u>				<input type="checkbox"/> Express	
Suburb <u>Sandburg</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>THB</u> Postal Code		City / Town <u>CAPE TOWN</u> Postal Code				<input type="checkbox"/> With Saturday Service	
Contact <u>Karabo</u>		Contact <u>Vicky</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>(011) 754 0301</u>		Phone <u>021</u>				<input type="checkbox"/> Economy	
Destination Country		Analysis Code				<input type="checkbox"/> After Hours	
South Africa						<input type="checkbox"/> BLNS Customs Tariff	
Botswana						<input type="checkbox"/> 1. ONLINE	
Lesotho						<input type="checkbox"/> 3. EFT	
Nemibia							
Swaziland							
Other (Please Specify)							
Sender's Reference							
SPECIAL INSTRUCTIONS							
Bill Charges To Account No		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input checked="" 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		SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u>		DATE <u>20/01/18</u>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>1 FINE</u>							
Goods received in full without damage (unless endorsed)		Name Of Receiver (PLEASE PRINT CLEARLY)		Received By DSV		Name Of Courier (PLEASE PRINT CLEARLY)	
<u>Addone</u>				<u>[Signature]</u>		<u>[Signature]</u>	
Date Received:		Time Received:		Date Received:		Time Received:	
<u>03/01/18</u>		<u>10:50</u>		<u>02/01/18</u>		<u>14:00</u>	
Signature:				Signature:			
						Total Mass (Kg)	

POD COPY

Version Control (03/2017)