

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



SUBBD27187603


POD COPY

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>Shop L339</u> <u>158 5th Street end</u> <u>Rivonia Sandton City</u>		Street Address <u>Shop <del>L339</del> G086</u> <u>Tobias Bay mall Cnr R27 and</u> <u>Berkshire Blvd</u>					<input type="checkbox"/> Express																	
Suburb <u>Sandton</u>		Suburb <u>Bloubaerg</u>					<input type="checkbox"/> With Sunrise Option																	
City / Town <u>JHB</u> Postal Code _____		City / Town <u>Cape Town</u> Postal Code _____					<input type="checkbox"/> With Saturday Service																	
Contact <u>Korabo</u>		Contact <u>Ahadiid</u>					<input type="checkbox"/> Public Holiday Service																	
Phone <u>011 784 0301</u>		Phone <u>021 300</u>					<input checked="" type="checkbox"/> Economy																	
Destination Country <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input checked="" type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)							<input type="checkbox"/> After Hours																	
Sender's Reference <u>UT12228842</u>		Analysis Code _____					<input type="checkbox"/> BLNS Customs Tariff																	
<b>SPECIAL INSTRUCTIONS</b>																								
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					<input type="checkbox"/> 1. ONLINE																	
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).																								
					 SENDER'S AUTHORISED SIGNATURE		26-04-2018 DATE																	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____																								
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	Total Mass (Kg)																		
1																								
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>L</td><td>I</td><td>L</td><td>L</td><td>Y</td><td></td><td></td><td></td><td></td></tr> </table>				L	I	L	L	Y					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>											
L	I	L	L	Y																				
Date Received: <u>300418</u> Time Received: <u>1205</u>				Date Received: <u>260418</u> Time Received: <u>1415</u>																				
Signature:				Signature:																				

Version Control 10/01/2017