

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0051  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT No. 4800189585



SUBBD27219351

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <u>LE CREUSET WATERFALL</u>	Street Address: <u>SHOP 101</u> <u>1 AUGERAKIES AVENUE</u> <u>CASHAN HT 12</u>	Company Name: <u>LE CREUSET NICOLWAY</u>	Street Address: <u>SHOP L21</u> <u>NICOLWAY SHOPPING CENTRE</u> <u>WILLIAM NICOL DRIVE</u>	<input type="checkbox"/> Same Day	
Suburb: <u>WATERFALL MALE</u>	City/Town: <u>RUSTENBURG</u> Postal Code: <u>0299</u>	Suburb: <u>BRYANSTON</u>	City/Town: <u>JOHANNESBURG</u> Postal Code: <u>2191</u>	<input type="checkbox"/> Express	
Contact: <u>MANAGER LERATO</u>	Phone: <u>014 537 2279</u>	Contact: <u>MANAGER ZANELE</u>	Phone: <u>011 706 2198</u>	<input type="checkbox"/> With Sunrise Option	
Destination Country: <u>SA</u> (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"/> With Saturday Service	
Sender's Reference: <u>CASH IRON RTU</u>		Analysis Code		<input type="checkbox"/> Public Holiday Service	
SPECIAL INSTRUCTIONS				<input checked="" type="checkbox"/> Economy	
Bill Charges To Account No. <u>027766</u>	Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)			<input type="checkbox"/> After Hours	
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.4 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: <u>M. Magonis</u>		DATE: <u>25/07/2018</u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number				BLNS Customs Tariff	

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
<u>1</u>	<u>1</u>	<u>50</u>	<u>50</u>	<u>37</u>	<u>2.1</u>

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)	
<u>Sindi</u>		<u>LES EEU</u>	
Date Received: <u>26/07/18</u>	Time Received: <u>1452</u>	Date Received: <u>25/07/18</u>	Time Received: <u>1147</u>
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>	