

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



SUBBD27219395

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le Crouset Waterfall Mall</u>		Company Name <u>Le Crouset Hyde Park</u>				<input type="checkbox"/> Same Day
Street Address <u>SHOP 101 Waterfall Mall</u> <u>1 Augrabies Avenue</u>		Street Address <u>Shop 71 Upper Mall, Hyde Park</u> <u>Cotner 46 Jan Smuts Bldg Avenue</u>				
Suburb <u>Waterfall Park</u>		Suburb <u>Hyde Park</u>				<input type="checkbox"/> Express
City/Town <u>Rustenburg</u> Postal Code <u>0299</u>		City/Town <u>Johannesburg</u> Postal Code <u>2196</u>				<input type="checkbox"/> With Sunrise Option
Contact <u>Manager: Lerato</u>		Contact <u>Manager: Patricia</u>				<input type="checkbox"/> With Saturday Service
Phone <u>014 537 2277</u>		Phone <u>011 325 5606</u>				<input type="checkbox"/> Public Holiday Service
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input checked="" type="checkbox"/> Economy
Sender's Reference <u>STOCK POT</u>		Analysis Code				<input type="checkbox"/> After Hours
SPECIAL INSTRUCTIONS						
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 R250.00 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 14.3, 14.6 AND 14.7 OVERLEAF).						
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				<input type="checkbox"/> 3. EFT
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		Total Mass (Kg) <u>6</u>
<u>1</u>				<u>51</u> <u>49</u> <u>37</u>		
Goods received in full without damage (unless endorsed)			Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>NONI</u>			Name Of Courier (PLEASE PRINT CLEARLY) <u>LESERD</u>			
Date Received: <u>290318</u>			Date Received: <u>280318</u>			
Time Received: <u></u>			Time Received: <u>1535</u>			
Signature: <u>[Signature]</u>			Signature: <u>[Signature]</u>			

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Version Control 09/2017