

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/C16342/07
VAT No. 4880189585



SUBBD27363265

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET HOBART GROVE		Company Name Le Creuset Cresta				<input type="checkbox"/> Same Day	
Street Address SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address Shop Unit, Cresta Shopping Centre Beyers Noudé Drive Cresta				<input type="checkbox"/> Express	
Suburb BRYANSTON		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2021		City / Town RondeBurg		Postal Code Sisa		<input type="checkbox"/> With Saturday Service	
Contact SEVARIAN 011 568 4708		Contact				<input type="checkbox"/> Public Holiday Service	
Phone		Phone				<input checked="" type="checkbox"/> Evening	
Destination Country <input checked="" 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)		Analysis Code		<input type="checkbox"/> After Hours	
Sender's Reference UT1 1023967		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 1. ONLINE	
Bill Charges To Account No. 027766		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.				<input type="checkbox"/> 3. EFT	
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 14.5, 14.6 AND 14.7 OVERLEAF).		Sender's Signature David		DATE 04/03/18		Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Total Parcels 1		NO. OF PARCELS PER DIMENSIONS					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) SISA		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Josiah		Date Received: 05/03/18		Time Received: 1520	
Date Received: 06/03/18		Time Received: 0226		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	

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