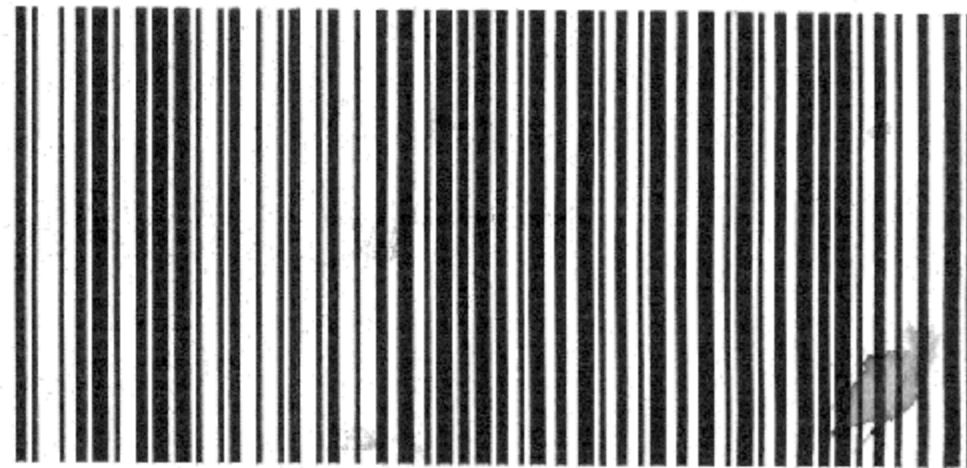


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27363287

2	2	2	E	E	E	2	2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET HOBART GROVE</b>		Company Name <b>LE CREUSET WALMER PARK</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>SHOP 103 WALMER PARK SHOPPING CENTRE MAIN ROAD</b>				<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b>WALMER PARK</b>				<input type="checkbox"/> With Sunrise Opt	
City / Town <b>JNB</b>	Postal Code <b>2021</b>	City / Town <b>PORT ELIZABETH</b>	Postal Code <b>6070</b>			<input type="checkbox"/> With Saturday Ser	
Contact <b>SEVARIAN</b>		Contact <b>RENE</b>				<input type="checkbox"/> Public Holiday Ser	
Phone <b>011 568 4708</b>		Phone <b>041 367 2318</b>				<input checked="" type="checkbox"/> Economy	
Destination Country <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> After Hours	
<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <b>UT11196931</b>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Consignee		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 3. EFT	
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			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Shireen</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Other</b>			
Date Received: <b>15 03 18</b>		Time Received: <b>12 : 10</b>		Date Received: <b>13 08 18</b>		Time Received: <b>15 00</b>	
Signature:				Signature:			

POD COPY

Version Control (08/2017)