

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. 2003/016242/07  
VAT No. 4880189685



SUBBD27363319

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please	
Company Name <b>LE CREUSET HOBART GROVE</b>	Company Name <i>Le Creuset waterfall mall</i>	Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>	Street Address <i>Shop 101 waterfall mall Angrabies Avenue Waterfall Park Rustenburg</i>
Suburb <b>BRYANSTON</b>	Suburb <i>Rustenburg</i>	City/Town <b>JNB</b>	City/Town <i>Jeanette</i>
Postal Code <b>2021</b>	Postal Code <b>0299</b>	Contact <b>SEVARIAN</b>	Contact <i>Jeannette</i>
Phone <b>011 568 4708</b>	Phone <b>014 537 2279</b>		

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

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)
Sender's Reference	<b>UTI 9812 789</b>			Analysis Code		

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **027766**

Bill To  Sender  Consignee  Other (Name Please)

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 14.3, 14.6 AND 14.7 OVERLEAF).

*Kande* **SENDER'S AUTHORISED SIGNATURE**      **11/01/18** **DATE**

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<input type="checkbox"/>				

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)  
**LE RA 10**

Date Received: **120118**      Time Received: **1245**

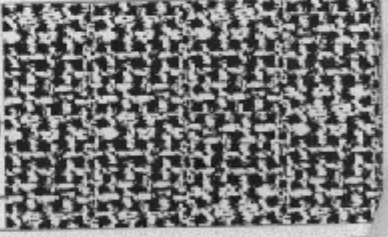
Signature: *Rouwe*

Received By DSV

Name of Courier (PLEASE PRINT CLEARLY)  
*[Signature]*

Date Received: **120118**      Time Received: **1500**

Signature: *[Signature]*



POD COPY

Version Control (08/2017)