

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. 2006/016342/07
VAT. No. 4980189685



SUBBD27363336

2 2 2 E E E 2 2 2

Sender's Details

Company Name **LE CREUSET HOBART GROVE**

Street Address **SHOP G1
CNR HOBART & GROSVENOR ROADS**

Suburb **BRYANSTON**

City / Town **JNB** Postal Code **2021**

Contact **SEVARIAN**

Phone **011 568 4708**

Destination Country South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Consignee's Details. Full Street Address Please

Company Name **Le creuset Brooklyn mall**

Street Address **Shop 318
22 MUCKLENEUK ROAD**

Suburb **Brooklyn**

City / Town **Pretoria** Postal Code **0181**

Contact **Jessica**

Phone **012 346 2346**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

ELNS Customs Tariff

Sender's Reference **UTF9638594** 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 14.5, 14.6 AND 14.7 OVERLEAF).

SEVARIAN **29/12/17**

SENDER'S AUTHORISED SIGNATURE **DATE**

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels **NO. OF PARCELS PER DIMENSIONS**

LENGTH (CM) **WIDTH (CM)** **HEIGHT (CM)**

09000900

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) **MAYIA**

Date Received: **020118**

Time Received: **09:00**

Signature: *[Signature]*

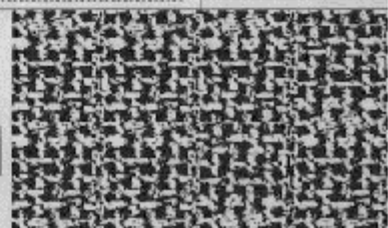
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) **INEMBA**

Date Received: **0291217**

Time Received: **11:20**

Signature: *[Signature]*



1. ONLINE

3. EFT

Total Mass (Kg)

POD COPY

CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
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 PO Box 63, The Reef's 0051
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 VAT. No. 4880189685

SUBBD27363336

Sender's Details		Consignee's Details. Full Street Address Please					
Company Name LE CREUSET HOBART GROVE		Company Name Le creuset Brooklyn mall					
Street Address SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address shop 318 23 MUCKLENEUK ROAD					
Suburb BRYANSTON		Suburb Brooklyn					
City / Town JNB	Postal Code 2021	City / Town Pretoria		Postal Code 0181			
Contact SEVARIAN		Contact Jean MA					
Phone 011 568 4708		Phone 012 346 2246					
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)	

<input type="checkbox"/> Mark Service Required
<input type="checkbox"/> Same Day
<input type="checkbox"/> Express
<input type="checkbox"/> With Sunrise Option
<input type="checkbox"/> With Saturday Service
<input type="checkbox"/> Public Holiday Service
<input type="checkbox"/> Economy
<input type="checkbox"/> After Hours
<input type="checkbox"/> BLNS Customs Tariff

Sender's Reference **UTI962RS94** Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** Bill To Sender Consignee Other (Name Please)

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[Signature]
 SENDER'S AUTHORISED SIGNATURE

29/12/17
 DATE

1. ONLINE

3. EFT

Total Mass (Kg)

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels NO. OF PARCELS PER DIMENSIONS

1 LENGTH (CM) **0900** WIDTH (CM) **0900** HEIGHT (CM) **00**

Goods received in full without damage (unless endorsed)
 Name Of Receiver (PLEASE PRINT CLEARLY)
MAYIA

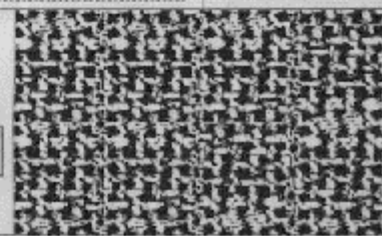
Date Received: **09/01/18** Time Received: **09:00**

Signature: *[Signature]*

Received By DSV
 Name Of Courier (PLEASE PRINT CLEARLY)
INIE MAA

Date Received: **0291217** Time Received: **1020**

Signature: *[Signature]*



POD COPY