

CONTRACT FOR CARRIAGE / DISPATCH NOTE

UTI3828119



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

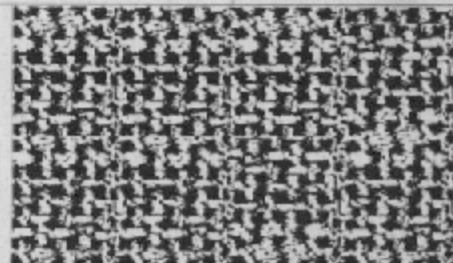


SUBBD27409643

2 2 2 E E E 2 2 2

POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET				Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address SHOP UM 30A CLEARWATER MALL CHRISTIAN DE WET ROAD				Street Address UNIT 5 HERON PARK OLIVE GROOVE INDUSTRIAL ESTATE, OLD PARRDEVLEI ROAD				<input checked="" type="checkbox"/> Express	
Suburb JOHANNESBURG				Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town JNB		Postal Code 2001		City / Town CAPETOWN		Postal Code 7200		<input type="checkbox"/> With Saturday Service	
Contact ELLEN LISA				Contact NICKY				<input type="checkbox"/> Public Holiday Service	
Phone 011 475 1202				Phone 021 851 7178				<input type="checkbox"/> Economy	
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 FILE CIE				Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.									
<p>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 14.6 AND 14.7 OVERLEAF).</p>									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT(CM)	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Machane					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Elias				
Date Received: 17/07/18		Time Received: 0933			Date Received: 16/07/18		Time Received: 1340		
Signature:					Signature:				
Total Mass (Kg)									



Version Control (08/2017)