

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD27419742

~~UTI 42~~ UTI 4121947

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name LE CREUSET WATERCREST	Company Name Le Creuset Killarney Mall	Street Address Shop 100 Killarney mall	Street Address 60 Riviera Road
Street Address INANDA ROAD	Suburb Killarney	Suburb Killarney	Suburb Killarney
Suburb WATERFALL	City / Town DUR	City / Town JO'burg	City / Town JO'burg
City / Town DURBAN	Postal Code 3652	Postal Code 2193	Postal Code 2193
Contact Suresande	Contact ZAMA	Contact ZAMA	Contact ZAMA
Phone 031 763 1525	Phone 011 646 6315	Phone 011 646 6315	Phone 011 646 6315

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 checked="" type="checkbox"/> Economy
<input type="checkbox"/> After Hours
BLNS Customs Tariff

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference HONEY POT	Analysis Code					

SPECIAL INSTRUCTIONS

Bill Charges To Account No: 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).

097365

06/08/18

SENDER'S AUTHORISED SIGNATURE **DATE**

<input type="checkbox"/> 1. ONLINE
<input type="checkbox"/> 3. EFT
Total Mass (Kg)

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	Box			

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)
FUNDI

Date Received:
07/08/18

Time Received:
16:17

Signature:
[Signature]

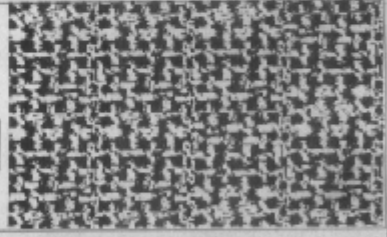
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)
Rodney

Date Received:
06/08/18

Time Received:
15:00

Signature:
[Signature]



POD COPY

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