

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 53, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/015342/07  
VAT. No. 4680169685



SUBBD27419754

2 2 2 E E E 2 2 2


UTI 3924338  
Sender's Details

Company Name: **LE CREUSET WATERCREST**  
Street Address: **INANDA ROAD WATERFALL DURBAN**  
Suburb: **DURBAN**  
City/Town: **DURBAN** Postal Code: **3652**  
Contact: **Gipsande**  
Phone: **031 763 1525**

Consignee's Details. Full Street Address Please  
Company Name: **Le Creuset La Lucia**  
Street Address: **shop 3 La Lucia Mall 90 William Campbell Drive La Lucia Durban North**  
Suburb: **Durban North**  
City/Town: **Durban** Postal Code: **4051**  
Contact: **ATisha**  
Phone: **031 572 5045**

Mark Service Required  
 Same Day  
 Express  
 With Sunrise Option  
 With Saturday Service  
 Public Holiday Service  
 Economy  
 After Hours

Destination Country:  South Africa  Botswana  Lesotho  Namibia  Swaziland  Other (Please Specify)  
Sender's Reference: **Tr 1PH 20cm deep + Breakfast Ty** Analysis Code

SPECIAL INSTRUCTIONS: **UTI 3924338**  
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, 14.5 AND 14.7 OVERLEAF).

BLNS Customs Tariff  
 1. ONLINE  
 3. EFT

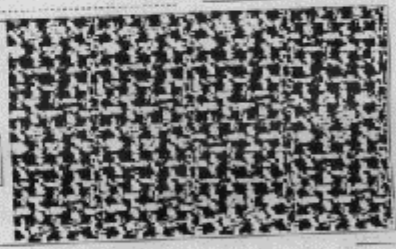
*(Signature)*  
SENDER'S AUTHORISED SIGNATURE  
DATE: **23/07/18**

Total Mass (Kg)

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<b>1</b>	<b>BOX</b>			

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY): **Elizab-oth**  
Date Received: **240718**  
Time Received: **1249**  
Signature: *(Signature)*

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY): **Siva**  
Date Received: **230718**  
Time Received: **1450**  
Signature: *(Signature)*



POD COPY

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