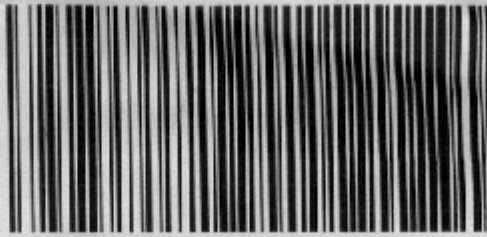


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds 0051
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4680189685



SUBBD27419767

UTI 5180822

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name: LE CREUSET WATERCREST		Company Name: Le Creuset Pavilion				<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 <hr/> <input type="checkbox"/> BLNS Customs Tariff <hr/> <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT <hr/> <input type="checkbox"/> Total Mass (Kg)			
Street Address: INANDA ROAD WATERFALL DURBAN		Street Address: Shop 116 262 Pavilion Shopping Center Jack Martens Drive Westville							
Suburb: DURBAN		Suburb: Westville							
City/Town: DURBAN Postal Code: 3652		City/Town: Durban		Postal Code: 3629					
Contact: Supesandh		Contact: Aisha							
Phone: 031 763 1525		Phone: 031 265 8455							
Destination Country: 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: TRIPIT-set		Analysis Code							
SPECIAL INSTRUCTIONS Bill Charges To Account No. <input type="checkbox"/> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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 14.8 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, 14.6 AND 14.7 OVERLEAF)									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number							
Total Parcels: 1		NO. OF PARCELS PER DIMENSIONS: BOX		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY): TRISINA					Name Of Courier (PLEASE PRINT CLEARLY): ERIC				
Date Received: 24 10 18					Date Received: 23 10 18				
Time Received: 10 41					Time Received: 12 16				
Signature:					Signature:				

POD COPY

Version Control (08/2017)

