

DAMAGES

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. 4680189685

SUBBD27440642


POD COPY

Sender's Details			Consignee's Details. Full Street Address Please					
Company Name <i>Le Creuset</i>			Company Name <i>Le Creuset</i>					
Street Address <i>Bedford Centre Shop U17</i>			Street Address <i>Unit 5 Heron Park Olive Grove Industrial Estate</i>					
Suburb <i>Bedfordview</i>			Suburb <i>SOMERSET WEST</i>					
City / Town <i>JHB</i>		Postal Code <i>2008</i>	City / Town <i>CAPE TOWN</i>		Postal Code <i>7130</i>			
Contact <i>Mila</i>			Contact <i>Jenna (DAMAGES)</i>					
Phone <i>011 6151923</i>			Phone <i>021 8517178</i>					
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)		

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

Sender's Reference *DAMAGES* Analysis Code

SPECIAL INSTRUCTIONS *UTI 3187731*

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).

*[Signature]* *20.06.2018*  
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

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

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

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) *BASIL*

Date Received: *220618* Time Received: *0919*

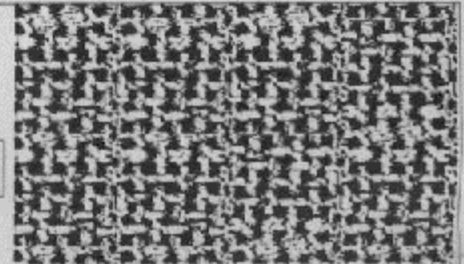
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) *TLOE*

Date Received: *200818* Time Received: *1430*

Signature: *[Signature]*



Total Mass (Kg)