

ATT: LAUREN

CONTRACT FOR CARRIAGE / DISPATCH NOTE

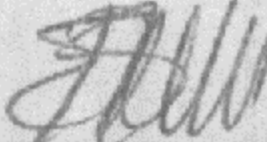
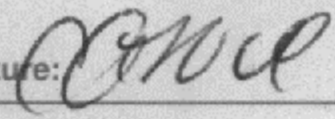
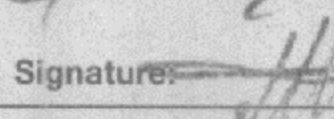


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD27440643

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Bedford</u>		Company Name <u>Le Creuset (W/H)</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop U17 Bedford Centre Smith & Van der Linde Bedfordview</u>		Street Address <u>Unit 5, Hebron Park Olive Grove, Industrial Estate Old Paardevlei Road Somerset West</u>				<input type="checkbox"/> Express	
Suburb <u>Bedfordview</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>JHB</u> Postal Code <u>2008</u>		City / Town <u>Cape Town</u> Postal Code <u>7130</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Natasha</u>		Contact <u></u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>(011) 615 1323</u>		Phone <u>021 8517 178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country <input 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)						<input type="checkbox"/> After Hours	
Sender's Reference <u>CUBES</u>		Analysis Code <u></u>				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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).							
						<u>2018.06.26</u>	
				SENDER'S AUTHORISED SIGNATURE		DATE	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u></u>							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>1</u>							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>Carmen</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>TLOU</u>			
Date Received: <u>250618</u>		Time Received: <u>0915</u>		Date Received: <u>250618</u>		Time Received: <u>1030</u>	
Signature: 				Signature: 			

POD COPY

Version Control (08/2017)

