

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
 tra DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673 2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189585



SUBBD27443399

Sender's Details	Consignee's Details. Full Street Address Please	Mark Service Required
Company Name LE CREUSET NICOLWAY	Company Name Le creuset Mall of Africa	<input type="checkbox"/> Same Day
Street Address WILLIAM NICOL DRIVE	Street Address Shop No 2040 Ben Shoemans highway & attendale road waterfall estate Midran grauteng!	<input type="checkbox"/> Express
Suburb DRYANSTON	Suburb Midran	<input type="checkbox"/> With Sunrise Option
City/Town JNB Postal Code 2196	City/Town Johannesburg Postal Code 2157	<input type="checkbox"/> With Saturday Service
Contact ZANELE NGWENYA	Contact Phindile	<input type="checkbox"/> Public Holiday Service
Phone 011 706 2198	Phone 011 568 2097	<input checked="" type="checkbox"/> Economy
Destination Country <input checked="" 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 4412306038	Analysis Code	<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS		<input type="checkbox"/> 1. ONLINE
Bill Charges To Account No 027766	Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)	<input type="checkbox"/> 3. EFT
<p><small>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).</small></p>		<p>Sender's Authorised Signature <i>[Signature]</i> DATE 05/05/18</p>
<p>e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number</p>		
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)
1		
		WIDTH (CM)
		HEIGHT (CM)
Goods received in full without damage (unless endorsed)		
Name Of Receiver (PLEASE PRINT CLEARLY)		
Date Received:		
Time Received:		
Name Of Receiver (PLEASE PRINT CLEARLY)		
Date Received:		
Time Received:		
Signature: <i>[Signature]</i>		

POD COPY

Version Control (except 1)