

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



SUBBD27502796

2 2 2 E E E 2 2 2

Replacement
9
Damages

POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Walmer</u>				Company Name <u>Le Creuset Warehouse</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 103</u>				Street Address <u>Unit 5, Heron Park</u>				<input type="checkbox"/> Express	
<u>Walmer Park</u>				<u>Olive Grove, Industrial</u>				<input type="checkbox"/> With Sunrise Option	
<u>Shopping Centre</u>				<u>Estate, Old Paddocklei Rd</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Walmer</u>				Suburb <u>Somerset West</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>P.E</u>		Postal Code <u>6020</u>		City / Town <u>Cape Town</u>		Postal Code <u>7130</u>		<input checked="" type="checkbox"/> Economy	
Contact <u>Kene</u>				Contact <u>Jenna / Franci</u>				<input type="checkbox"/> After Hours	
Phone <u>(041) 3672318</u>				Phone <u>(021) 8517176</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
		Swaziland		Other		(Please Specify)			
Sender's Reference <u>UT14054034</u>				Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <u>27766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other <input type="checkbox"/> (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).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1				2097		14 into the truck		Egmont	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>VO (AN)</u>			
Date Received: <u>020818</u>		Time Received: <u>11037</u>		Date Received: <u>010818</u>		Time Received: <u>1900</u>			
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>			

01/08/2018

SENDER'S AUTHORISED SIGNATURE

DATE

Total Mass (Kg)