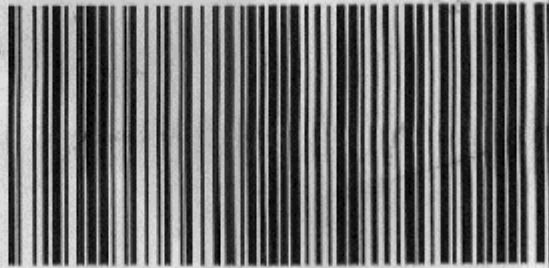


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 4880189685



SUBBD27548441


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>LE CREUSET WATERCREST</b>		Company Name: <b>LE CREUSET WAREHOUSE</b>				<input type="checkbox"/> Same Day	
Street Address: <b>INANDA ROAD WATERFALL DURBAN</b>		Street Address: <b>UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL SOMEREST WEST CAPE TOWN</b>				<input type="checkbox"/> Express	
Suburb: <b>DURBAN</b>		Suburb: <b>CAPE TOWN</b>				<input type="checkbox"/> With Sunrise Option	
City/Town: <b>DUR</b> Postal Code: <b>3652</b>		City/Town: <b>CAPE TOWN (CPT)</b> Postal Code: <b>7129</b>				<input type="checkbox"/> With Saturday Service	
Contact: <b>JENNA / FRANKI</b>		Contact: <b>JENNA / FRANKI</b>				<input type="checkbox"/> Public Holiday Service	
Phone: <b>031 763 1525</b>		Phone: <b>021 851 7178</b>				<input checked="" type="checkbox"/> Economy	
Destination Country: <b>South Africa</b>		(Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: <b>REPLACEMENT + 5 Damages</b>		Analysis Code: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
<p>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).</p>							
SENDER'S AUTHORIZED SIGNATURE:				DATE: <b>29/03/18</b>			
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		<b>1 box</b>		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY): <b>SIVINO</b>				Name Of Courier (PLEASE PRINT CLEARLY): <b>SIVINO</b>			
Date Received: <b>04/04/18</b>		Time Received: <b>0910</b>		Date Received: <b>29/03/18</b>		Time Received: <b>1450</b>	
Signature:				Signature:			

POD COPY

Version Control (08/2017)

