

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



SUBBD27555083

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Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET WAREHOUSE</b>					<input type="checkbox"/> Same Day
Street Address <b>LE CREUSET BAYWEST MALL</b>		Street Address <b>Unit 5 Heron Park, Olive Grove, industrial estate, old baardevlei road</b>					<input type="checkbox"/> Express
Suburb <b>CC. RES. 1997/021365/07</b>		Suburb <b>Somerset west</b>					<input type="checkbox"/> With Sunrise Option
City / Town <b>TELE 041 034 001</b>		City / Town <b>Cape Town</b>		Postal Code <b>7100</b>		<input type="checkbox"/> With Saturday Service	
Contact <b>Penelope Newfeldt</b>		Contact <b>Mary - online</b>					<input type="checkbox"/> Public Holiday Service
Phone <b>041 034 0011</b>		Phone <b>021 851 71 78</b>					<input checked="" type="checkbox"/> Economy
Destination Country <b>South Africa</b>		(Please Specify)					<input type="checkbox"/> After Hours
Sender's Reference <b>UTI 1941038</b>		Analysis Code					BLNS Customs Tariff
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>			1. ONLINE <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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					3. EFT <input type="checkbox"/>
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>	
<b>1</b>		<b>1</b>	<b>40</b>	<b>4</b>	<b>11</b>	<b>3</b>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>MARY</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>XOBANI</b>			
Date Received: <b>16 04 18</b>		Time Received: <b>0955</b>		Date Received: <b>16 04 18</b>		Time Received: <b>1635</b>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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Version Control (08/2017)