

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
 Va DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4860189685



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| Sender's Details  LE CREUSET® Street Address LE CREUSET BAYWEST MALL CO. REG.: 1997/021366/07 VAT: 4160178059 Suburb: TEL: 044-004-0011 EMAIL: baywest.store.za@lecreuset.com City/Town Contact Phone | | Consignee's Details. Full Street Address Please Company Name: Le Creuset Somerset Street Address: Shop 45 Somerset Mall Somerset Western Park Five Oaks Industrial Estate Suburb: Somerset West City/Town: Cape Town Postal Code: 7130 Contact: Elize Phone: 021 851 0661 (Please Specify) | | Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT Total Mass (Kg) | |
| Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other Analysis Code | | Sender's Reference: UTI 9743427 | | | |
| SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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 14.6, 14.6 AND 14.7 OVERLEAF). e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number | | | | | |
| Total Parcels: 1 | | NO. OF PARCELS PER DIMENSIONS: 1 | LENGTH (CM): 39 | WIDTH (CM): 33 | HEIGHT (CM): 11 |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): ROSHAN Date Received: 100118 Time Received: 0852 Signature: <i>[Signature]</i> | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): XOLANI Date Received: 090118 Time Received: 1544 Signature: <i>[Signature]</i> | |  | |

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