

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



SUBBD27555130

Replacement + Damages
2 2 2 E E E 2 2 2

Sender's Details

Company Name: **LE CREUSET**
Address: **LE CREUSET BAYWEST MALL**
CO. REG.: 1997/021366/07
VAT: 4160178069
Suburb: **TEL: 041 004 0011**
City/Town: **Capetown** Postal Code: **7800**
EMAIL: **baywest.store.za@lecreuset.com**
Contact: **Jenna + Francis**
Phone: **021 851 7174 78**

Consignee's Details. Full Street Address Please

Company Name: **Le Creuset Warehouse**
Street Address: **Unit 5 Heron Park**
Olive Grove Industrial Estate
Old Paarderei Road
Suburb: **Somerset West**
City/Town: **CAPE TOWN** Postal Code: **7800**
Contact: **Jenna + Francis**
Phone: **021 851 7174 78**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: **UTI9683960** Analysis Code: **50**

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **27766**

Bill To: Sender Consignee Other (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, 14.8 AND 14.7 OVERLEAF).

Sender's Authorised Signature: *[Signature]* DATE: **29/12/17**

BLNS Customs Tariff: **50**

1. ONLINE

3. EFT

Total Mass (Kg): **10**

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	Box	48	48	65

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **Mason**

Date Received: **020118** Time Received: **09H30**

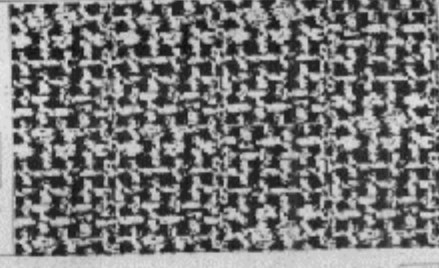
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): **DMTOMY**

Date Received: **291217** Time Received: **1620**

Signature: *[Signature]*



POD COPY

Version Control (09/2017)