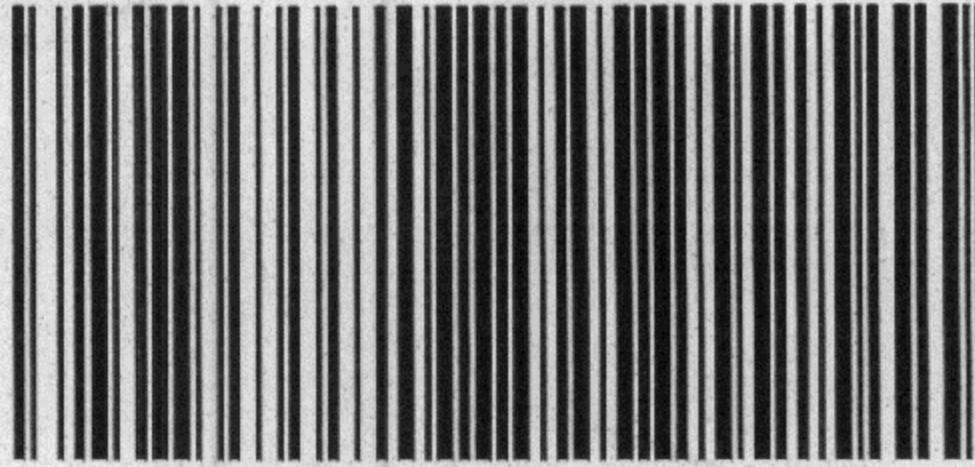


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27557404

2 2 2 E E E 2 2 2

3 X 19cm
Rect Dishes
Caribbean

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name LE CREUSET WALMER PARK SHOP 103		Company Name Le Creuset Online					<input type="checkbox"/> Same Day
Street Address WALMER PARK SHOPPING CENTRE WALMER PARK		Street Address Unit 5, Heron Park Olive Grove, Industrial Est h Old Paardervei Rd. Somerset West.					<input type="checkbox"/> Express
Suburb PORT ELIZABETH		Suburb Cape Town					<input type="checkbox"/> With Sunrise Option
City / Town PORT ELIZABETH Postal Code 6070		City / Town Cape Town Postal Code 7130					<input type="checkbox"/> With Saturday Service
Contact RENE		Contact Mary					<input type="checkbox"/> Public Holiday Service
Phone 041 367 2318		Phone 021 851 7178					<input checked="" type="checkbox"/> Economy
Destination Country		Other (Please Specify)					<input type="checkbox"/> After Hours
South Africa							<input type="checkbox"/> BLNS Customs Tariff
Botswana							<input type="checkbox"/> 1. ONLINE
Lesotho							<input type="checkbox"/> 3. EFT
Namibia							<input type="checkbox"/> Total Mass (K
Swaziland							
Other							
Sender's Reference UT12026583		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> 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 14.5, 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)	
1							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) MARY				Name Of Courier (PLEASE PRINT CLEARLY) ZAMM			
Date Received: 180418		Time Received: 0915		Date Received: 170418		Time Received: 1320	
Signature:				Signature:			

POD COPY

Version Control: (08/2017)