

**CONTRACT FOR CARRIAGE / DISPATCH NOTE**

DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (017) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4890189685



**SUBBD27574502**

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>Le Cleuset</b>		Company Name <b>Le Cleuset</b>						<input type="checkbox"/> Same Day	
Street Address <b>Shop 100</b>		Street Address <b>Shop 276 Woodlands Boulevard</b>						<input type="checkbox"/> Express	
<b>60 Riviera Road</b>		<b>Cnr Garisfontein Road P de Villebois</b>						<input type="checkbox"/> With Sunrise Option	
<b>Killarney</b>		<b>More Moreletapark</b>						<input type="checkbox"/> With Saturday Service	
Suburb <b>Killarney</b>		Suburb <b>Woodlands</b>						<input type="checkbox"/> Public Holiday Service	
City / Town <b>JHB</b>		City / Town <b>PTA</b>				Postal Code <b>0002</b>		<input type="checkbox"/> Economy	
Postal Code <b>2193</b>		Contact <b>Woodlands team</b>						<input checked="" type="checkbox"/> After Hours	
Contact <b>Natasha</b>		Phone <b>012 997 3777</b>						BLNS Customs Tariff	
Phone <b>011 646 6316</b>		Destination Country						1. ONLINE <input type="checkbox"/>	
Destination Country <b>South Africa</b>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/>						3. EFT <input type="checkbox"/>	
Sender's Reference <b>11710667753</b>		Analysis Code						Total Mass (Kg)	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other <input checked="" type="checkbox"/> (Name Please)			
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).									
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>HEIGHT (CM)</b>	
<b>1</b>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>CAROLINE</b>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>JOL</b>			
Date Received: <b>19 02 18</b>		Time Received: <b>1057</b>		Date Received: <b>16 02 18</b>		Time Received: <b>1630</b>			
Signature:						Signature:			

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