

CONTRACT FOR CARRIAGE / DISPATCH NOTE

DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds 0961
 Tel: (012) 573-2000
 Reg. No. 2003/016342/07
 VAT No. 4980189635



SUBBD27574508

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Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required											
Company Name: <u>Le creuset Killarney</u>				Company Name: <u>Le creuset Hyde Park</u>				<input type="checkbox"/> Same Day											
Street Address: <u>Shop 100 Killarney Mall 60 Riviera Road Killarney</u>				Street Address: <u>Shop 71 Upper Mall Hyde Park corner C/o Jan Smuts .8 6th Ave Hyde Park</u>				<input type="checkbox"/> Express											
Suburb: <u>Killarney</u>				Suburb: <u>Hyde Park</u>				<input type="checkbox"/> With Sunrise Option											
City / Town: <u>JHB</u> Postal Code: <u>2193</u>				City / Town: <u>JHB</u> Postal Code: <u>2196</u>				<input type="checkbox"/> With Saturday Service											
Contact: <u>Natasha</u>				Contact: <u>Khicini</u>				<input type="checkbox"/> Public Holiday Service											
Phone: <u>011 646 6316</u>				Phone: <u>011 325 5606</u>				<input type="checkbox"/> Economy											
Destination Country		South Africa		Botswana		Lesotho		Nambia		Swaziland		Other (Please Specify)							
Sender's Reference				Analysis Code				<input type="checkbox"/> After Hours											
SPECIAL INSTRUCTIONS																			
Bill Charges To Account No. <u>027766</u>				Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> BLNS Customs Tariff											
<p>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).</p>																			
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>											
Total Parcels				NO. OF PARCELS PER DIMENSIONS				LENGTH (CM)				WIDTH (CM)				HEIGHT (CM)			
<u>1</u>				<u>1 FLYER</u>															
Goods received in full without damage (unless endorsed)						Received By DSV													
Name Of Receiver (PLEASE PRINT CLEARLY)						Name Of Counter (PLEASE PRINT CLEARLY)													
<u>Lesego</u>						<u>NGUPO</u>													
Date Received: <u>04 09 18</u>						Date Received: <u>05 02 18</u>													
Time Received: <u>01:15</u>						Time Received: <u>18:20</u>													
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>													

POD COPY

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