

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



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SUBBD27574510

LAUREN ✓

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 Tygervalley</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 100</u>		Street Address <u>Shop 6198, Upper level</u>				<input type="checkbox"/> Express	
<u>Killarney mall</u>		<u>Tygervalley Centre</u>				<input type="checkbox"/> With Sunrise Option	
<u>60 Riviera Rd</u>		<u>Bill Bezuidenhout Rd</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Killarney</u>		Suburb <u>Bellville</u> ✓				<input type="checkbox"/> Public Holiday Service	
City / Town <u>JHB</u> Postal Code <u>2193</u>		City / Town <u>Cape town</u> Postal Code <u>7530</u>		<input checked="" type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Contact <u>Natasha</u>		Contact <u>Tygervalley Team</u>				BLNS Customs Tariff	
Phone <u>011 646 6316</u>		Phone <u>021 914 7053</u>				1. ONLINE <input type="checkbox"/>	
Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input checked="" type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Analysis Code				3. EFT <input type="checkbox"/>	
Sender's Reference <u>LT10468600</u>						Total Mass (Kg)	
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"/>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.			
<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					
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS <u>1 Box</u>		LENGTH (CM)		WIDTH (CM)	
						HEIGHT (CM) ✓	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Gabbi</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>JOL</u>			
Date Received: <u>120218</u>		Time Received: <u>1130</u>		Date Received: <u>080218</u>		Time Received: <u>1525</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

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