

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. 4860189565



SUBBD27574607

2 2 2 E E E 2 2 2

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 Cresta</u>				<input type="checkbox"/> Same Day
Street Address <u>SHOP 100</u> <u>Killarney Mall</u> <u>Riviera Road</u> <u>Houghton</u>		Street Address <u>Cresta Shopping Centre</u> <u>Beyers Naude Drive</u> <u>cresta</u>				
Suburb <u>Houghton</u>		Suburb <u>Cresta</u>				<input type="checkbox"/> Express
City/Town <u>JHB</u> Postal Code <u>2193</u>		City/Town <u>JHB</u> Postal Code <u>2021</u>				<input type="checkbox"/> With Sunrise Option
Contact <u>Tundi</u>		Contact <u>Thembu</u>				<input type="checkbox"/> With Saturday Service
Phone <u>011 646 6316</u>		Phone <u>011 476 6010</u>				<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>
Destination Country <u>South Africa</u>		(Please Specify)				<input type="checkbox"/> After Hours
Sender's Reference		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS						<input type="checkbox"/> 1. ONLINE
Bill Charges To Account No.		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 3. EFT
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).						Total Mass (Kg)
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)	HEIGHT (CM)	
1						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>NOMBULELO</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>JOL</u>			
Date Received: <u>060818</u>		Time Received: <u>1250</u>	Date Received: <u>070818</u>		Time Received: <u>1535</u>	
Signature: <u>[Signature]</u>			Signature: <u>[Signature]</u>			

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