

CONTRACT FOR CARRIAGE / DISPATCH NOTE

DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 53, The Reeds 0061
 Tel: (012) 673-2000
 Reg. No. 2006/016342/07
 VAT. No. 4880189685



SUBBD27574620

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POD COPY

Sender's Details			Consignee's Details. Full Street Address Please				Mark Service Required		
Company Name: <i>Le Creuset Killarney</i>			Company Name: <i>Le Creuset Clearwater</i>				<input type="checkbox"/> Same Day		
Street Address: <i>Shop 100 Killarney May Riviera Road Killarney</i>			Street Address: <i>Shop UMD30A, Clearwater Christian De Wet Road Johannesburg Clearwater</i>				<input type="checkbox"/> Express		
Suburb: <i>Killarney</i>			Suburb: <i>Clearwater</i>				<input type="checkbox"/> With Sunrise Option		
City / Town: <i>JHB</i>		Postal Code: <i>2193</i>	City / Town: <i>JHB</i>		Postal Code: <i>2001</i>	<input type="checkbox"/> With Saturday Service			
Contact: <i>Natasha</i>			Contact: <i>Lisa</i>				<input type="checkbox"/> Public Holiday Service		
Phone: <i>011 646 - 6316</i>			Phone: <i>011 475 1202</i>				<input checked="" type="checkbox"/> Economy		
Destination Country: <input type="checkbox"/> South Africa		<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)			
Senders Reference: <i>UT 13365700</i>			Analysis Code					<input type="checkbox"/> After Hours	
SPECIAL INSTRUCTIONS								<input type="checkbox"/> BLNS Customs Tariff	
Bill Charges To Account No: <i>027766</i>		Bill To: <input type="checkbox"/> Sender		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>		<input type="checkbox"/> 1. ONLINE	
<p><small>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).</small></p>								<input type="checkbox"/> 3. EFT	
<i>Natasha</i>						<i>26.06.2015</i>		Total Mass (Kg)	
SENDER'S AUTHORISED SIGNATURE						DATE			
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)				Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY): <i>LISA</i>				Name Of Courier (PLEASE PRINT CLEARLY): <i>JOL</i>					
Date Received: <i>27 06 18</i>		Time Received: <i>11 52</i>		Date Received: <i>26 06 18</i>		Time Received: <i>13 29</i>			
Signature: <i>Whitney</i>				Signature: <i>[Signature]</i>					

Version Control 15/03/17