

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



SUBBD27592433

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name LE CREUSET		Company Name LE CREUSET				<input type="checkbox"/> Same Day
Street Address SHOP G158, GATEWAY SHOPPING CENTRE, PALM BOULEVARD		Street Address UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEVLEI ROAD				
Suburb UMHLANGA		Suburb SOMERSET WEST				<input type="checkbox"/> Express
City / Town DURBAN	Postal Code 4000	City / Town CAPE TOWN	Postal Code 7129			<input type="checkbox"/> With Sunrise Option
Contact SASHA		Contact CARMEN				<input type="checkbox"/> With Saturday Service
Phone 031 100 1239		Phone 021 861 7178				<input type="checkbox"/> Public Holiday Service

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	BLNS Customs Tariff
Sender's Reference	UT I 2 5 1 6 1 4 1				Analysis Code		

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **0 2 7 7 6 6** Bill To Sender Consignee Other (Name Please) **10.00**

If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.

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).

SENDER'S AUTHORIZED SIGNATURE *[Signature]* **DATE** **18/05/18**

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
1	x1	BOX			

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Lauren		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Dice 10		
Date Received: 220518	Time Received: 0920	Date Received: 180518	Time Received: 1430	
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		

POD COPY

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