

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



SUBBD27648314

2 2 2 E E E 2 2 2

Price stickers

Sender's Details Company Name: <u>LE CREUSSET HOBART GROVE</u> Street Address: <u>SHOP G1 CNR HOBART & GROSVENOR ROAD</u> Suburb: <u>BRYANSTON</u> City/Town: <u>JNB</u> Postal Code: <u>2021</u> Contact: <u>SEVARIAN</u> Phone: <u>011 568 4708</u>		Consignee's Details. Full Street Address Please Company Name: <u>Le Creuset MOA</u> Street Address: <u>Shop 2400 Mall Of Africa C/o Ben Schoeman Allendale Waterfall Estate</u> Suburb: _____ City/Town: <u>JHB</u> Postal Code: _____ Contact: <u>Phindi</u> Phone: <u>011 568 2097</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours
Destination Country: <input checked="" 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)	Sender's Reference: <u>U+13213016</u> Analysis Code: _____			
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ 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 220.00 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)				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number: _____		SENDER'S AUTHORIZED SIGNATURE: <u>Phindi</u> DATE: <u>21/06/18</u>	Total Mass (Kg)	
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>TS Widi</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>SILAS</u>		
Date Received: <u>22/06/18</u> Time Received: <u>1054</u>		Date Received: <u>21/06/18</u> Time Received: <u>1430</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		

POD COPY

Version Control (03/2017)

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd
 5/a DSV Distribution
 PO Box 63, The Reads 0051
 Tel: (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685



SUBBD27648314

Price Stickers

Sender's Details Company Name: <u>LE CREUSET HOBART GROVE</u> Street Address: <u>SHOP G1 CNR HOBART & GROSVENOR ROAD</u> Suburb: <u>DEVANSTON</u> City/Town: <u>JNB</u> Postal Code: <u>2021</u> Contact: <u>SEVARIAN</u> Phone: <u>011 568 4708</u> Destination Country: <input checked="" 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)		Consignee's Details. Full Street Address Please Company Name: <u>Le Creuset MOA</u> Street Address: <u>Shop 2040 Mall Of Africa C/o Ben Schoeman Allendale Hlter fall Estate</u> Suburb: _____ City/Town: <u>JHB</u> Postal Code: _____ Contact: <u>Phindi</u> Phone: <u>011 568 2097</u> 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)		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff
Sender's Reference: <u>U+13213016</u> Analyse Code: _____		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT		
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027765</u> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ 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, 14.8 AND 14.7 OVERLEAF).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____		SENDER'S AUTHORISED SIGNATURE: <u>Phindi</u> DATE: <u>21/06/18</u>		
Total Parcels NO. OF PARCELS PER DIMENSIONS: <u>1</u>		LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>TS Widi</u> Date Received: <u>22 06 18</u> Time Received: <u>1054</u> Signature: <u>[Signature]</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>SILAS</u> Date Received: <u>21 06 18</u> Time Received: <u>1430</u> Signature: <u>[Signature]</u>		

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Version Control: 03/2017

