

CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 2 2 2



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

SUBBD27648358

Sender's Details

Consignee's Details. Full Street Address Please

Company Name: **LE CREUSET HOBART GROVE**
 Street Address: **SHOP G1
 CNR HOBART &
 GROSVENOR ROAD**
 Suburb: **BRYANSTON**
 City / Town: **JNB** Postal Code: **2021**
 Contact: **SEVARIAN**
 Phone: **011 568 4708**

Company Name: **LE CREUSET**
 Street Address: **UNIT 5, HERON PARK
 OLIVE GROVE INDUSTRIAL ESTATE
 OLD PAARDEVELD ROAD**
 Suburb: **SOMERSET WEST**
 City / Town: **CAPE TOWN** Postal Code: **7129**
 Contact: **FRANCI**
 Phone: **001 851 7178**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS
 Customs
 Tariff

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: **UT12774044** Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No: **027766** Bill To: Sender Consignee 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 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).

SEVARIAN
 SENDER'S AUTHORISED SIGNATURE

DATE

04/06/2018

1. ONLINE

3. EFT

Total Mass (Kg)

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

Total Parcels NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)

1 211 26

Goods received in full without damage (unless endorsed)
 Name Of Receiver (PLEASE PRINT CLEARLY)

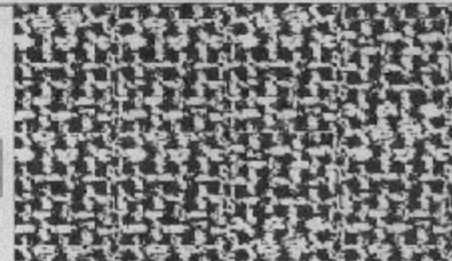
BASIL
 Date Received: **070618** Time Received: **1030**

Signature:

Received By DSV
 Name Of Courier (PLEASE PRINT CLEARLY)

S. CAS
 Date Received: **080618** Time Received: **1530**

Signature:



POD COPY