

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

SUBBD27650806


Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name **LE CREUSET**  
Street Address **CNR KLIPPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062 MALL OF THE SOUTH**  
Suburb **ASPEN HILLS**  
City / Town **JNB** Postal Code **2013**  
Contact **LULO NONOISE**  
Phone **010 500 0223**

Company Name **LE CREUSET**  
Street Address **Unit 5 Heron Park Old Paardekraai Road**  
Suburb **Somerset West**  
City / Town **Cape Town** Postal Code **8001**  
Contact **JENNA**  
Phone **021 851 7177**

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 **UTI 31421 R3**

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).

*[Signature]* **06/18/2018**  
SENDER'S AUTHORISED SIGNATURE DATE

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**

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

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)

*[Signature]*

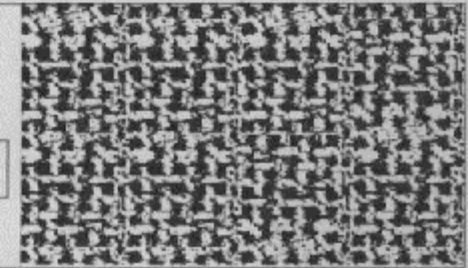
*[Signature]*

Date Received: **18 06 18** Time Received: **0844**

Date Received: **18 06 18** Time Received: **1340**

Signature:

Signature:



POD COPY