

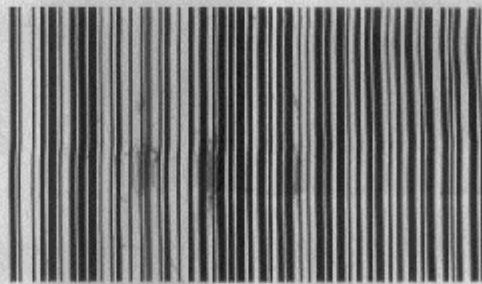
CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd  
1/a DSV Distribution

PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4860189585



SUBBD27650852


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET</b>				<input type="checkbox"/> Same Day	
Street Address <b>CNR KLIPRIVIER DRIVE &amp; SWARTKOPPIES RD- SHOP G062</b>		Street Address <b>Shop 202 A Rosebank</b>				<input type="checkbox"/> Express	
<b>MALL OF THE SOUTH</b>		<b>mail. so Batch Avenue</b>				<input type="checkbox"/> With Sunrise Option	
<b>ASPEN HILLS</b>		<b>Rosebank</b>				<input type="checkbox"/> With Saturday Service	
Suburb <b>ASPEN HILLS</b>		Suburb				<input type="checkbox"/> Public Holiday Service	
City/Town <b>JNB</b> Postal Code <b>2013</b>		City/Town <b>Johannesburg</b> Postal Code <b>2196</b>				<input checked="" type="checkbox"/> Economy	
Contact <b>LULO NONOISE</b>		Contact <b>ELLEN</b>				<input type="checkbox"/> After Hours	
Phone <b>010 500 0223</b>		Phone <b>0115684745</b>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)				<input type="checkbox"/>	
Sender's Reference <b>UT13417102</b>		Analysis Code				<input type="checkbox"/> 1 ONLINE	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No <b>027766</b>		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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 14.6 AND 14.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>	
1							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <b>Ntombi</b>				Name Of Courier (PLEASE PRINT CLEARLY) <b>Andri</b>			
Date Received: <b>020718</b>		Time Received: <b>11:15</b>		Date Received: <b>290618</b>		Time Received: <b>14:30</b>	
Signature: <i>Ntombi</i>				Signature: <i>Andri</i>			

POD COPY

Version Control (09/2017)

