

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. 4800189685



SUBBD27650853

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28cm TMS

Sender's Details Company Name: <u>LE CREUSET</u> Street Address: <u>CNR KLIPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062</u> <u>MALL OF THE SOUTH</u> Suburb: <u>ASPEN HILLS</u> City / Town: <u>JNB</u> Postal Code: <u>2013</u> Contact: <u>LULO NONOISE</u> Phone: <u>010 500 0223</u>		Consignee's Details. Full Street Address Please Company Name: <u>Le Creuset Centurion</u> Street Address: <u>Shop 312E Centurion Mall</u> <u>Heunel avenue</u> <u>Centurion</u> <u>Pretoria</u> Suburb: _____ City / Town: _____ Postal Code: <u>0157</u> Contact: <u>Ericca</u> Phone: _____		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: <u>South Africa</u>		(Please Specify) _____		BLNS Customs Tariff	
Sender's Reference: _____		Analysis Code: _____		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
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 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). e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____					
Total Parcels <input type="text" value="1"/>		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM) <u>28</u>	WIDTH (CM) _____	HEIGHT (CM) _____
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>EUREKA</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Ericca</u>			
Date Received: <u>100718</u>		Date Received: <u>090718</u>			
Time Received: <u>1310</u>		Time Received: <u>1530</u>			
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		Total Mass (Kg) _____	

POD COPY

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