

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



SUBBD27650873

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name Le creuset H.O				<input type="checkbox"/> Same Day	
Street Address CNR KLIPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062		Street Address Unit 5 Heron Park Olive Grove Business Park Old Paardevlei Road				<input checked="" type="checkbox"/> Express	
Suburb ASPEN HILLS		Suburb Somerset West				<input type="checkbox"/> With Sunrise Option	
City / Town JNB	Postal Code 2013	City / Town Cape Town	Postal Code 8001			<input type="checkbox"/> With Saturday Service	
Contact LULO NONOISE		Contact Vicky				<input type="checkbox"/> Public Holiday Service	
Phone 010 500 0223		Phone 021 851 7178				<input type="checkbox"/> Economy	
Destination Country		Destination Country				<input type="checkbox"/> After Hours	
<input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana				<input type="checkbox"/> BLNS Customs Tariff	
<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia				<input type="checkbox"/> 1. ONLINE	
<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> 3. EFT	
Sender's Reference		Analysis Code				Total Mass (Kg)	

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To Sender Consignee Other (Name Please)

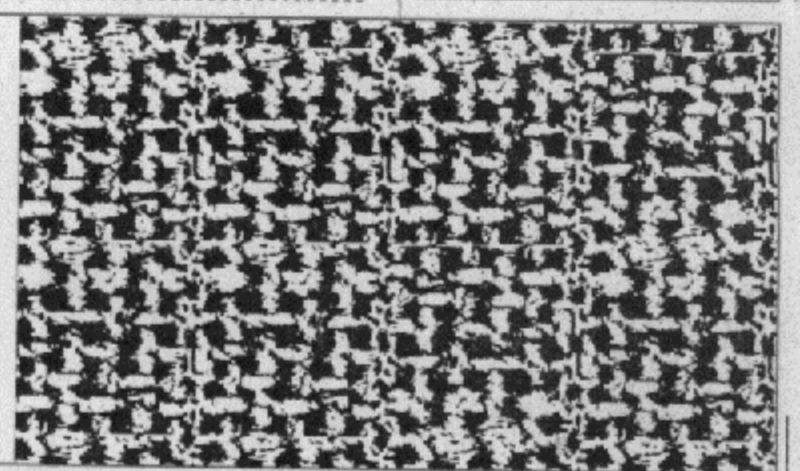
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.

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).

SENDER'S AUTHORISED SIGNATURE *[Signature]* **DATE** **17-05-2018**

e-mail / Fax / Proof of Delivery <input type="checkbox"/>		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) C BROWN		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Andrus	
Date Received: 080518	Time Received: 0857	Date Received: 170518	Time Received: 1300
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>		



POD COPY