

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



SUBBD27650882

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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>UNITS 9 HERON PARK OLIVE GROVE BUSINESS PARK THE INTERCHANGE</b>						<input type="checkbox"/> Express	
Suburb <b>ASPEN HILLS</b>		Suburb <b>SOMERSET WEST</b>						<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b> Postal Code <b>2013</b>		City / Town <b>CAPE TOWN</b> Postal Code <b>7701</b>						<input type="checkbox"/> With Saturday Service	
Contact <b>LULO NONOISE</b>		Contact <b>MARIA MARY</b>						<input type="checkbox"/> Public Holiday Service	
Phone <b>010 500 0223</b>		Phone <b>021 851 7171</b>						<input type="checkbox"/> <del>Subsidiary</del>	
Destination Country		<input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia	
<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)		Analysis Code		BLNS Customs Tariff		After Hours	
Sender's Reference		Analysis Code						1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <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 260.00 PER SHIPMENT (SEE CLAUSE 14.6 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, 14.8 AND 14.7 OVERLEAF).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number <b>1011</b>							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<b>1</b>									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name of Receiver (PLEASE PRINT CLEARLY) <b>MARY</b>					Name of Courier (PLEASE PRINT CLEARLY) <b>Andrius</b>				
Date Received: <b>24 04 18</b>		Time Received: <b>10 10</b>		Date Received: <b>23 04 18</b>		Time Received: <b>13 30</b>		Total Mass (Kg)	
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

Version Control (08/2017)