

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. 4680189685



SUBBD27826311

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| Sender's Details | | Consignee's Details. Full Street Address Please | |
|------------------------------------|---|---|--|
| Company Name: J.R. CREUSSET | Company Name: Shop U17, Bedfordview Centre | Street Address: SHOP 6197 V & A WATERFRONT VICTORIA WHARF CENTRE | Street Address: Shop U17, Bedfordview Centre Cnr Smith and van der Linde Streets. |
| Suburb: CAPE TOWN | Suburb: Bedfordview | City/Town: CAPE TOWN Postal Code: 8001 | City/Town: Johannesburg Postal Code: 2008. |
| Contact: CINDY | Contact: natesha | Phone: 021 421 8521 | Phone: 011 615 1923. |

Mark Service Required

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: **ut 11443705** 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 14.11 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 14.8, 14.6 AND 14.7 OVERLEAF).

SENDER'S AUTHORISED SIGNATURE: *[Signature]* DATE: **19/3/18.**

Total Parcels: **1** NO. OF PARCELS PER DIMENSIONS: **1 X BOX** LENGTH (CM): WIDTH (CM): HEIGHT (CM):

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **MILLA**

Name Of Courier (PLEASE PRINT CLEARLY): **DSV**

Date Received: **22 03 18** Time Received: **11 05**

Date Received: **19 03 18** Time Received: **14 38**

Signature: *[Signature]*

1. ONLINE

3. EFT

Total Mass (Kg)

POD COPY

www.dsv.com Fax Control DSV/2017

