

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



SUBBD27826376

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name Le Creuset				<input type="checkbox"/> Same Day	
Street Address SHOP 6197 V & A WATERFRONT VICTORIA WHARF CENTRE		Street Address Tyger Valley Shop 5130, upper level, Bill Bezuidenhout Road, Tyger Valley Center, 1				<input type="checkbox"/> Express	
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option	
City/Town CAPE TOWN Postal Code 8001		City/Town CAPE TOWN Postal Code 7530		<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact CINDY		Contact Lize-Marie				<input checked="" type="checkbox"/> Economy	
Phone 021 421 8521		Phone 021 981 7053				<input type="checkbox"/> After Hours	
Destination Country <input 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)				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		Analysis Code				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. 027766		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				Total Mass (Kg)	
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).		SENDER'S AUTHORIZED SIGNATURE <i>[Signature]</i> DATE 07/03/17					
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		1 x 1 Box			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) JENNIFER		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) CHESRON		Date Received: 07 03 18 Time Received: 11 31 Date Received: 07 03 18 Time Received: 13 45			
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>					

POD COPY

Version Control (08/15/17)