

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



SUBBD27926949

2 2 2 E E E 2 2 2

SubH T 11443246


Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>Yuppiechef</u>		Company Name <u>Le Creuset SA</u>					<input type="checkbox"/> Same Day	
Street Address <u>5 Bell crescent</u>		Street Address <u>Unit 5, Heron</u>					<input type="checkbox"/> Express	
<u>Tifosa Park</u>		<u>Park, Olive Grove</u>					<input type="checkbox"/> With Sunrise Option	
<u>Westlake Business Park</u>		<u>Industrial estate</u>					<input type="checkbox"/> With Saturday Service	
Suburb <u>Westlake</u>		Suburb <u>Somerset west</u>					<input type="checkbox"/> Public Holiday Service	
City / Town <input type="text"/> Postal Code <input type="text"/>		City / Town <input type="text"/> Postal Code <input type="text"/>					<input checked="" type="checkbox"/> Economy	
Contact <u>Morgan</u>		Contact <u>Franci / Jenna</u>					<input type="checkbox"/> After Hours	
Phone <input type="text"/>		Phone <input type="text"/>					BLNS Customs Tariff	
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 <input type="text"/> (Please Specify)								
Sender's Reference <input type="text"/>		Analysis Code <input type="text"/>						
<b>SPECIAL INSTRUCTIONS</b>								
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <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 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 <input type="text"/>					SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>		DATE <u>15/01/18</u>	
Total Parcels <input type="text"/>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)
<u>2</u>								
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ELVINO</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>				
Date Received: <u>190118</u>		Time Received: <u>0915</u>		Date Received: <u>190118</u>		Time Received: <u>1545</u>		
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>				

POD COPY

Version Control: 03/2017