

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. 4880189685



SUBBD27985581

Sender's Details		Consignee's Details. Full Street Address Please			
Company Name <u>Le Creuset Sandton</u>		Company Name <u>Le Creuset Head Office</u>			
Street Address <u>Sandton Shopping Centre, 158 5th Street Shop L339</u>		Street Address <u>Unit 5 Heron Park, Industrial Estate Old Paardevlei Road.</u>			
Suburb <u>JHB / Sandhurst</u>		Suburb <u>Somerset-</u>			
City / Town <u>JHB</u> Postal Code <u>21</u>		City / Town <u>Cape Town</u>		Postal Code	
Contact <u>Karabo</u>		Contact <u>Jacqueline Creditors</u>			
Phone <u>011</u>		Phone <u>021 851 7118</u>			
Destination Country		South Africa	Botswana	Lesotho	Namibia
		Swaziland	Other (Please Specify)		
Sender's Reference <u>0313487</u>		Analysis Code			

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 029766

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).

1. ONLINE

3. EFT

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>				

SENDER'S AUTHORIZED SIGNATURE [Signature] DATE 01/02/18

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) EIV/MO

Date Received: 050218 Time Received: 1030

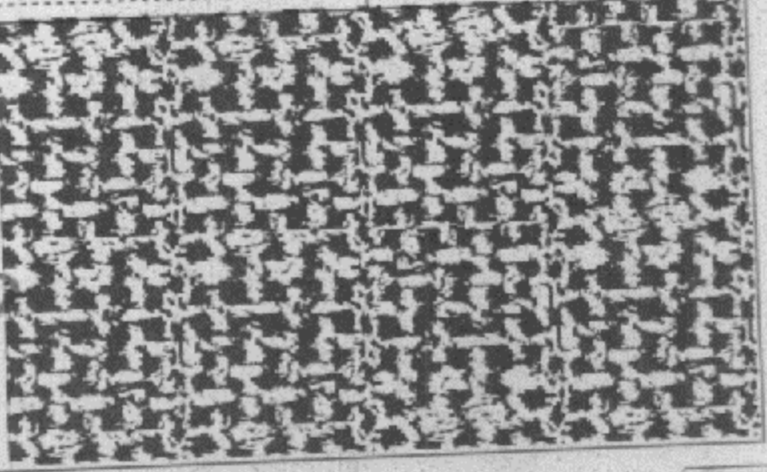
Signature: [Signature]

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) [Signature]

Date Received: 010218 Time Received: 1430

Signature: [Signature]



POD COPY

Version Control (08/2017)