

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



SUBBD27985598

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please			
Company Name	Le Creuset Sandton City	Company Name	Le Creuset Watercrest		
Street Address	shop L339 Lower Level Sandton City Shopping Centre Crista & Rivonia Road Sandhurst	Street Address	shop UG04 Watercrest Mall Inanda Road.		
Suburb	Sandhurst	Suburb	Durban		
City / Town	JHB	City / Town	KZN	Postal Code	
Contact	01 784-0301	Contact	Siphosonde		
Phone	Karabo	Phone	031 763 1525		
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	UFI 1591361	Analysis Code			

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

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 14.14 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).

[Signature]
SENDER'S AUTHORISED SIGNATURE

26/03/18
DATE

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

Total Parcels

NO. OF PARCELS PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

LE CREUSET

LE CREUSET WATERCREST

CO. REG. 1997/021366/07

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

ZANELE

Date Received: 270318

Time Received: 13:06

Signature: *[Signature]*

Received By DSV: 4100178069

Name Of Courier (PLEASE PRINT CLEARLY)

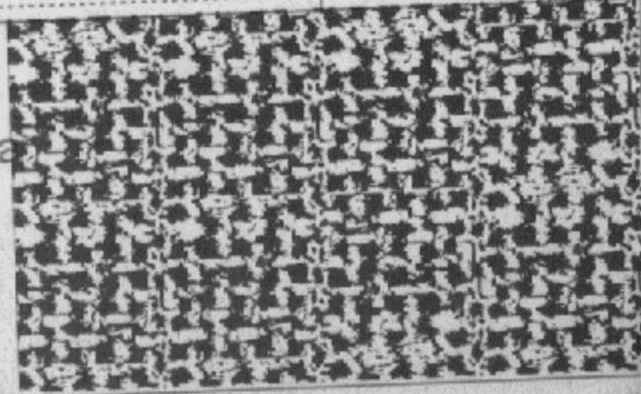
TEL: 031 763 1525

EMAIL: watercrest@lecreuset.co.za

Date Received: 260318

Time Received: 1537

Signature: *[Signature]*



POD COPY

Version Control (08/2017)

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2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le Creuset Sandton City</u>		Company Name <u>Le Creuset Watercrest</u>						<input type="checkbox"/> Same Day	
Street Address <u>shop L339 Lower Level Sandton City Shopping Centre</u>		Street Address <u>shop UG04 Watercrest Mall Inanda Road.</u>						<input type="checkbox"/> Express	
Suburb <u>Sandhurst</u>		Suburb <u>Durban</u>						<input type="checkbox"/> With Sunrise Option	
City / Town <u>JHB</u> Postal Code <u>2196</u>		City / Town <u>KZN</u> Postal Code _____						<input type="checkbox"/> With Saturday Service	
Contact <u>01 764-0301</u>		Contact <u>siphosonde</u>						<input type="checkbox"/> Public Holiday Service	
Phone <u>Karabo.</u>		Phone <u>031 763 1525</u>						<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (Please Specify)									
Sender's Reference <u>U 1 1 5 9 1 3 6 1</u>		Analysis Code _____						<input type="checkbox"/> After Hours	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 _____			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1									
<p>LE CREUSET WATERCREST CO. REG. 1997/021366/07</p>									
Goods received in full without damage (unless endorsed)					Received By <u>DSV 4103178069</u>				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<u>ZANELE</u>					<u>TEL: 031 763 1525</u>				
Date Received:					Date Received:				
<u>270318</u>					<u>260318</u>				
Time Received:					Time Received:				
<u>13:06</u>					<u>15:37</u>				
Signature:					Signature:				

POD COPY

Version Control (08/2017)

26/03/18

Total Mass (Kg)

