

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



SUBBD28131465

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name: <u>Le Creuset</u>		Company Name: <u>Le Creuset</u>				<input type="checkbox"/> Same Day
Street Address: <u>Shop 312 E CENTURION MALL HEMVEL AVE & Gordon Houb Road CENTURION</u>		Street Address: <u>Shop UM30A, Clearwater Mall Christian De Wet Road</u>				<input type="checkbox"/> Express
Suburb: <u>CENTURION</u>		Suburb: <u>Clearwater</u>				<input type="checkbox"/> With Sunrise Option
City/Town: <u>PRETORIA</u> Postal Code: <u>0151</u>		City/Town: <u>Johannesburg</u> Postal Code: <u>2001</u>				<input type="checkbox"/> With Saturday Service
Contact: <u>EUREKA</u>		Contact: <u>LISA</u>				<input type="checkbox"/> Public Holiday Service
Phone: <u>012 004 0217</u>		Phone: <u>011 475 1202</u>				<input checked="" type="checkbox"/> Economy
Destination Country: <input checked="" 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"/> After Hours
Sender's Reference: <u>UT12833866</u>		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS						
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"/>				<input type="checkbox"/> 1. ONLINE
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).						
				SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>08/06/2018</u>		
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				<input type="checkbox"/> 3. EFT
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)		Total Mass (Kg)
<u>1</u>		<u>Box</u>				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>LISA</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>[Signature]</u>		
Date Received: <u>110618</u>		Time Received: <u>1239</u>		Date Received: <u>080618</u> Time Received: <u>1520</u>		
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>		
Version Control (08/2017)						