

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



SUBBD28186114

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Sender's Details		Consignee's Details. Full Street Address Please	
Company Name: <u>Le Creuset - Centurion</u>	Company Name: <u>Le Creuset</u>	Street Address: <u>Unit 1, Heron Park</u>	Street Address: <u>Olive Grove Industrial Estate</u>
Street Address: <u>Shop 312E - Centurion</u>	Street Address: <u>Old Paardvlei Road</u>	Suburb: <u>Somerset West</u>	Suburb: <u>Somerset West</u>
Suburb: <u>Centurion</u>	Suburb: <u>Centurion</u>	City/Town: <u>Cape Town</u>	City/Town: <u>Cape Town</u>
City/Town: <u>Pretoria</u>	City/Town: <u>Pretoria</u>	Postal Code: <u>8001</u>	Postal Code: <u>8001</u>
Contact: <u>Eureka</u>	Contact: <u>Carmen</u>	Phone: <u>(021) 851 7178</u>	Phone: <u>(021) 851 7178</u>
Phone: <u>(012) 004-0217</u>	Phone: <u>(021) 851 7178</u>	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)	
Sender's Reference: <u>GREY CUBES</u>		Analysis Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

POD COPY

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).

Sender's Signature: [Signature] DATE: 11/07/2018

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>	<u>Box</u>			

1. ONLINE

3. EFT

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): Carmen

Date Received: 130718

Time Received: 0938

Signature: [Signature]

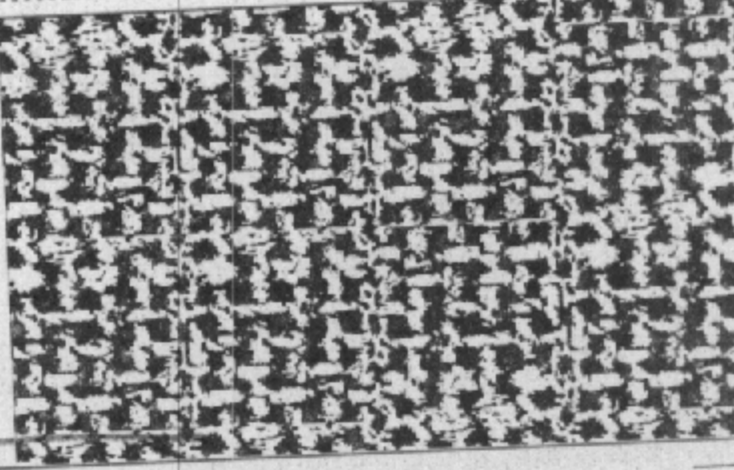
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): [Signature]

Date Received: 110718

Time Received: 1535

Signature: [Signature]



Version Control (06/2017)