

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD28212382


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET BRYANSTON</b>		Company Name <b>Le Creuset Brooklyn</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>Shop 318 c/o Veale and Waterkloof Roads Brooklyn</b>				<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b>	Postal Code <b>2021</b>	City / Town <b>Pretoria</b>	Postal Code <b>1808</b>			<input type="checkbox"/> With Saturday Service	
Contact <b>SEVARIAN</b>		Contact <b>fatima</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>011 568 4708</b>		Phone <b>012 346 2840</b>				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
<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	<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <b>flying pin Assessment</b>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. <b>027766</b>	Bill To Sender <input checked="" type="checkbox"/>	Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
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 14.6, 14.6 AND 14.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE <i>[Signature]</i>		DATE <b>3/8/2018</b>	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)			
<input type="checkbox"/>							
Goods received in full without damage (unless endorsed) Name of Receiver (PLEASE PRINT CLEARLY) <b>NIKIWE</b>				Received By DSV Name of Courier (PLEASE PRINT CLEARLY) <b>EMMANUEL</b>			
Date Received: <b>060718</b>		Time Received: <b>1414</b>		Date Received: <b>03/08/18</b>		Time Received: <b>1500</b>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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