

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



SUBBD28235373

2 2 2 E E E 2 2 2

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name LE CREUSET ROSEBANK				Company Name LE CREUSET				<input type="checkbox"/> Same Day			
Street Address SHOP 202A ROSEBANK MALL BATH AVENUE				Street Address UNIT 1 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEWATER				<input type="checkbox"/> Express			
Suburb				Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option			
City / Town JNB		Postal Code 2196		City / Town CAPE TOWN		Postal Code		<input type="checkbox"/> With Saturday Service			
Contact ELLEN				Contact CARMEN				<input type="checkbox"/> Public Holiday Service			
Phone 011 568 4754				Phone 021 852 7944				<input checked="" type="checkbox"/> Economy			
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia			
								Swaziland			
								Other (Please Specify)			
Sender's Reference				Analysis Code				BLNS Customs Tariff			
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. 027766				Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
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).											
				<i>[Signature]</i>				2/07/18		3. EFT <input type="checkbox"/>	
				SENDER'S AUTHORISED SIGNATURE				DATE		Total Mass (Kg)	
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)			
Goods received in full without damage (unless endorsed)					Received By DSV						
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)						
C A R M E N					D H 4 1 1 4 2						
Date Received:		Time Received:			Date Received:		Time Received:				
0 4 0 7 1 8		0 8 5 5			2 1 0 7 1 8		1 5 4 0				
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>						

POD COPY

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