

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



SUBBD28275954

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POD COPY

Sender's Details Company Name: LE CREUSET Street Address: BROOKLYN MALL SHOP 318 BROOKLYN MALL CNR VAELE & WATERKLOOF ROAD Suburb: BROOKLYN - PRETORIA City / Town: PTA Postal Code: _____ Contact: FATIMA Phone: 012 346 2840		Consignee's Details / Full Street Address Please Company Name: Le Creuset Street Address: Unit 5 Heron Park Olive Grae Industrial Estate Off Brooklyn Rd - Suburb: Soweto West City / Town: Cape Town Postal Code: 7000 Contact: Vicky Phone: 021 851 7178		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff
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)		Analysis Code: _____		
Sender's Reference: UTI, 2004587				
SPECIAL INSTRUCTIONS Tariff Code: 027766 Bill To: <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> 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 1000.00 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 _____		SENDER'S AUTHORIZED SIGNATURE: _____ DATE: 16/04/18		
Total Parcels NO. OF PARCELS PER DIMENSIONS: 19 Flyer LENGTH (CM) _____ WIDTH (CM) _____ HEIGHT (CM) _____		Total Mass (Kg) _____		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): J BENADEC Date Received: 17/04/18 Time Received: 10:56		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): OLSON Date Received: 16/04/18 Time Received: 16:50		
Signature: _____		Signature: _____		

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