

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



SUBBD28275996

ADDITIONAL TRACKING NUMBERS									

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET				Company Name <i>Le Creuset</i>				<input type="checkbox"/> Same Day	
Street Address BROOKLYN MALL SHOP 318 BROOKLYN MALL CNR VAELE & WATERKLOOF ROAD				Street Address <i>Cnr Hobart & Groenor Road Hobart Grove Shop G1</i>				<input type="checkbox"/> Express	
Suburb BROOKLYN - PRETORIA				Suburb <i>Broomspan</i>				<input type="checkbox"/> With Sunrise Option	
City / Town PTA		Postal Code		City / Town JHB		Postal Code 2021		<input type="checkbox"/> With Saturday Service	
Contact FATIMA				Contact <i>Serian</i>				<input type="checkbox"/> Public Holiday Service	
Phone 012 346 2840				Phone <i>011 568 4708</i>				<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		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference assessment				Analysis Code					

SPECIAL INSTRUCTIONS

Tariff Code **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 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)

SENDER'S AUTHORISED SIGNATURE *[Signature]* DATE **11-7-18**

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	Box			

Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) WOM + SR				Name Of Courier (PLEASE PRINT CLEARLY) <i>[Signature]</i>			
Date Received: 120718		Time Received: 1219		Date Received: 110718		Time Received: 1549	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

