

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



SUBBD28289652


ADDITIONAL TRACKING NUMBERS

<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <b>LE CREUSET</b>				Company Name <b>LE CREUSET, HEAD OFFICE</b>				<input type="checkbox"/> Same Day	
Street Address <b>BROOKLYN MALL SHOP 318 BROOKLYN MALL CNR VAELE &amp; WATERKLOOF ROAD</b>				Street Address <b>UNIT 05 HERON PARK, OLIVE GROVE BUSINESS, 1 OLD PARADEWEG</b>				<input type="checkbox"/> Express	
Suburb <b>BROOKLYN - PRETORIA</b>				Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>PTA</b>		Postal Code		City / Town <b>SOMERSET WEST</b>		Postal Code <b>7130</b>		<input type="checkbox"/> With Saturday Service	
Contact <b>FATIMA</b>				Contact <b>Francis</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>012 346 2840</b>				Phone <b>021 851 7178</b>				<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	
Sender's Reference <b>CUBES set of 3 Block</b>				Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Tariff Code <b>027766</b>		Bill To <input type="checkbox"/> Sender		<input checked="" type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)		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 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					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
<b>1</b>		<b>Box</b>		<b>Business, Olive</b>		<b>7</b>		<b>18</b>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>BRASIL</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>WENON</b>				
Date Received: <b>020818</b>		Time Received: <b>0937</b>			Date Received: <b>310718</b>		Time Received: <b>1650</b>		
Signature:					Signature:				

POD COPY

31/07/18

3. EFT

Total Mass (Kg)

Version Control (01/2016)