

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



SUBBD28484163

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>					
Street Address <u>Shop 12, January Masikela & Amarand drive</u>		Street Address <u>Unit 5, Heron Park old Bordenie Rd Olive Grove Industrial Estate</u>					
Suburb <u>Waterkloof ext. 2</u>		Suburb <u>Somerset West</u>					
City / Town <u>Preterea</u>	Postal Code <u>0181</u>	City / Town <u>Cape Town</u>	Postal Code <u>8001</u>				
Contact <u>Toni</u>	Phone <u>012 004 0082</u>	Contact <u>Jenna</u>	Phone <u>021 851 7178</u>				
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)	

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

Sender's Reference MENTLYND DAMAGES 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)

[Handwritten Signature] 03-08-2018

SENDER'S AUTHORISED SIGNATURE DATE

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>BOX</u>			

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) BASIL

Date Received: 060818 Time Received: BAISS

Signature: *[Handwritten Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) JABULANI

Date Received: 030818 Time Received: 1405

Signature: *[Handwritten Signature]*

