

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd
 1/2 DSV Distribution
 PO Box 63, The Reeds 0061
 Tel: (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685



SUBBD28484171

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name <u>LE CREUSET MENVIN</u>		Company Name <u>LE CREUSET CRESTA</u>				<input type="checkbox"/> Same Day			
Street Address <u>SHOP 12 MENVIN MAINE</u>		Street Address <u>SHOP U41</u>				<input type="checkbox"/> Express			
<u>JANUARY MASILELA AV & AMARANTH DRIVE</u>		<u>CRESTA SHOPPING CENTER</u>				<input type="checkbox"/> With Sunrise Option			
<u>WATERKLOOF EXT 2</u>		<u>BEYERS NAUDE DRIVE</u>				<input type="checkbox"/> With Saturday Service			
Suburb <u>PRETORIA</u> Postal Code <u>0181</u>		Suburb <u>CRESTA</u>				<input type="checkbox"/> Public Holiday Service			
City / Town <u>PRETORIA</u> Postal Code <u>0181</u>		City / Town <u>RANDBURG</u> Postal Code <u>2021</u>				<input checked="" type="checkbox"/> Economy			
Contact <u>TONI LETSOALO</u>		Contact <u>SISA MOYO</u>				<input type="checkbox"/> After Hours			
Phone <u>012 004 0082</u>		Phone <u>011 476 6010</u>				<input type="checkbox"/> BLNS Customs Tariff			
Destination Country <u>South Africa</u>		(Please Specify)				<input type="checkbox"/> 1. ONLINE			
Sender's Reference <u>UT13227684</u>		Analysis Code				<input type="checkbox"/> 3. EFT			
SPECIAL INSTRUCTIONS						Total Mass (Kg)			
Tarrif Code <u>027766</u>		Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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 14.6 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							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		BOX							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MATHAPALO</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>HUMMA</u>				
Date Received: <u>25 06 18</u>					Date Received: <u>20 06 18 / 5 20</u>				
Time Received: <u>12 33</u>					Time Received: <u>12 33</u>				
Signature: <u>M. Letsoalo</u>					Signature: <u>[Signature]</u>				

Version Control (01/2017)