

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 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



SUBBD28616591

ADDITIONAL
TRACKING
NUMBERS ✓

Sender's Details			Consignee's Details. Full Street Address Please						Mark Service Required		
Company Name LE CREUSET			Company Name LE CREUSET CPT						Same Day		
Street Address SHOP UL262 PAVILION SHOPPING CENTRE WESTVILLE			Street Address UNIT 5 HERON PARK OLIVE GROVE ESTATE						Express		
Suburb			Suburb SOMERSET WEST						With Sunrise Option		
City / Town DUR		Postal Code 4000		City / Town SOMERSET WEST (SSM)		Postal Code 8000		With Saturday Service			
Contact TRISINA 031-2658455			Contact ATT Jemma						Public Holiday Service		
Phone			Phone 021 851 7178						✓ EcoPrint		
Destination Country		South Africa <input checked="" type="checkbox"/> Botswana		Lesotho		Namibia		Swaziland		After Hours	
Other (Please Specify)										BLNS Customs Tariff	
Sender's Reference UT I 5281541			C/D Damages			Analysis Code			✓		
SPECIAL INSTRUCTIONS											
Tarrif Code 027766			Bill To Sender <input type="checkbox"/>			Consignee <input checked="" 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 14.5 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							DATE			1. ONLINE <input type="checkbox"/>	
<i>[Signature]</i>							30/10/2018			3. EFT <input type="checkbox"/>	
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)						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)					
ECVINO						APRON					
Date Received:			Time Received:			Date Received:			Time Received:		
02/11/18			1504			31/10/18			1615		
Signature: <i>[Signature]</i>						Signature: <i>[Signature]</i>					

POD COPY

Version Control (01/2018)