

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28616777

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ADDITIONAL TRACKING NUMBERS												

Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name **LE CREUSET**  
Street Address **SHOP UL262 PAVILION SHOPPING CENTRE WESTVILLE**  
Suburb  
City / Town **DUR** Postal Code **4000**  
Contact **TRISINA**  
Phone **031-2658455**

Company Name **LE CREUSET CPT**  
Street Address **UNIT 5 HERON PARK OLIVE GROVE ESTATE**  
Suburb **SOMERSET WEST**  
City / Town **SOMERSET WEST (SSW)** Postal Code **8000**  
Contact **CARMEN / LAUREN**  
Phone **021 851 7178**

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Destination Country: South Africa  Botswana  Lesotho  Namibia  Swaziland  Other (Please Specify)  
Sender's Reference **UTI** Analysis Code

SPECIAL INSTRUCTIONS

**FRAGILE**

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 AND 14.7 OVERLEAF)

SENDER'S AUTHORISED SIGNATURE

DATE

*08/08/18*

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)

**2**

**2 x BOXES**

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)

**Carmen**

**AORON**

Date Received: **100818**

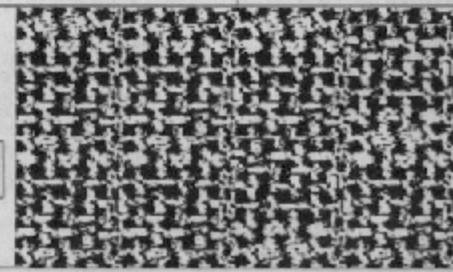
Time Received: **1020**

Date Received: **080818**

Time Received: **1610**

Signature: *[Signature]*

Signature: *[Signature]*



POD COPY

Version Control (01/2018)

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S	4	B	H	T		1	0	2	6	S	1	0
ADDITIONAL TRACKING NUMBERS												

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET CPT</b>					Same Day
Street Address <b>SHOP UL262 PAVILION SHOPPING CENTRE WESTVILLE</b>		Street Address <b>UNIT 5 HERON PARK OLIVE GROVE ESTATE</b>					Express
Suburb		Suburb <b>SOMERSET WEST</b>					With Sunrise Option
City / Town <b>DUR</b>	Postal Code <b>4000</b>	City / Town <b>SOMERSET WEST (SSW)</b>	Postal Code <b>8000</b>			With Saturday Service	
Contact <b>TRIGINA 031-2658455</b>		Contact <b>CARMEN / LAUREN 021 851 7178</b>					Public Holiday Service
Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input checked="" type="checkbox"/> Economy
Sender's Reference <b>UTI</b>		Analysis Code					After Hours

**SPECIAL INSTRUCTIONS** **FRAGILE**

Tariff Code **027766** Bill To  Sender Consignee  Other (Name Please)

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*[Signature]* **SENDER'S AUTHORISED SIGNATURE** **08/08/18** **DATE**

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
<b>2</b>	<b>2 x BOXES</b>				

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>CARMEN</b>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>AORON</b>	
Date Received: <b>100818</b>	Time Received: <b>1020</b>	
Date Received: <b>080818</b>	Time Received: <b>1610</b>	
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	