

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 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



SUBBD28967737

BANKING FILE.
ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le creuset Baywest</u>		Company Name <u>Le Creuset Accounts</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop LG43</u>		Street Address <u>Unit 5, Heron Park</u>				<input checked="" type="checkbox"/> Express	
<u>Baywest Mall</u>		<u>Olive Grove, Industrial Est</u>				<input type="checkbox"/> With Sunrise Option	
<u>N2</u>		<u>Old Paardevlei Road.</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Walker drive ext</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> Public Holiday Service	
City/Town <u>P.E.</u> Postal Code <u>6001</u>		City/Town <u>Cape Town</u> Postal Code <u>8001</u>				<input type="checkbox"/> Economy	
Contact <u>Rene Nenfeldt</u>		Contact <u>Clance Bronn</u>				<input type="checkbox"/> After Hours	
Phone <u>041 004 0011</u>		Phone <u>021 853 7178</u>				<input type="checkbox"/> BLNS Customs Tariff	
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		Analysis Code					
Sender's Reference <u>UTI 5755367</u>						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Tarrif Code <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 3. EFT	
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 AUTHORIZED SIGNATURE <u>[Signature]</u> DATE <u>03/12/18</u>				Total Mass (Kg) <u>1</u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		Total Parcels <u>1</u> NO. OF PARCELS PER DIMENSIONS					
		LENGTH (CM) <u>36</u> WIDTH (CM) <u>33</u> HEIGHT (CM) <u>3</u>					
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY) <u>Cerisa</u>		Name Of Courier (PLEASE PRINT CLEARLY) <u>XOLANI</u>					
Date Received: <u>04/12/18</u> Time Received: <u>11:00</u>		Date Received: <u>03/12/18</u> Time Received: <u>16:23</u>					
Signature: <u>CAVenter</u>		Signature: <u>[Signature]</u>					

POD COPY

Version Control (01/2018)