

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



SUBBD28967746

Banking  
File  
ADDITIONAL  
TRACKING  
NUMBERS  
Call

POD COPY

<b>Sender's Details</b> Company Name: <u>le creuset Baywest</u> Street Address: <u>Shop 19 43</u> <u>Baywest mall, N2</u> <u>walker Drive, Extension</u> Suburb: _____ City/Town: <u>P.E</u> Postal Code: <u>6001</u> Contact: <u>Rene Neufeldt</u> Phone: <u>(041) 004 0011</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>le creuset</u> Street Address: <u>Unit 5, Heron Park,</u> <u>Olive Grove Industrial Estate</u> <u>Somerset West Old Paardekuil</u> Suburb: <u>Espe Somerset west</u> City/Town: <u>Cape Town</u> Postal Code: <u>7100</u> Contact: <u>Lisa de Beer Clarice Braun</u> Phone: <u>(021) 8517178</u>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours
Destination Country: <u>South Africa</u> <u>Botswana</u> <u>Lesotho</u> <u>Namibia</u> <u>Swaziland</u> <u>Other</u> (Please Specify)		BLNS Customs Tariff		
Sender's Reference: <u>UT150882813</u>		Analysis Code		
<b>SPECIAL INSTRUCTIONS</b> Tariff Code: <u>027766</u> Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				
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).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: _____ DATE: <u>16/10/2018</u>		
<b>Total Parcels</b>		<b>Total Mass (Kg)</b>		
NO. OF PARCELS PER DIMENSIONS <u>1</u>	LENGTH (CM) <u>40</u>	WIDTH (CM) <u>35</u>	HEIGHT (CM) <u>4</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Cerisa Venter</u> Date Received: <u>17/10/18</u> Time Received: <u>0928</u> Signature: <u>CAVenter</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): _____ Date Received: _____ Time Received: _____ Signature: _____		

Version Control (01/2018)