

Banking

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



SUBBD28989319

ADDITIONAL
TRACKING
NUMBERS

POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Gateway</u>				Company Name <u>Le Creuset Head Office Head office</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop G158</u> <u>1 Palm Boulevard, Gateway</u> <u>Theatre of Shopping</u>				Street Address <u>Unit 5, Heron Park</u> <u>Olive Grove industrial est. Old parade</u> <u>Vlei Road</u>				<input checked="" type="checkbox"/> Express	
Suburb <u>Umhlanga</u>				Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <u>Durban</u>		Postal Code <u>4321</u>		City/Town <u>Cape Town</u>		Postal Code <u>8001</u>		<input type="checkbox"/> With Saturday Service	
Contact <u>Cassandra</u>				Contact <u>Vicky</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>031 100 1239</u>				Phone <u>021 851 7178</u>				<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference				Analysis Code				<input type="checkbox"/> After Hours	
SPECIAL INSTRUCTIONS									
Tariff Code				Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		flyer							
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) <u>Ceriso</u>					Name Of Courier (PLEASE PRINT CLEARLY) <u>Myolisi</u>				
Date Received: <u>021118</u>					Date Received: <u>01/11/18</u>				
Time Received: <u>1004</u>					Time Received: <u>1600</u>				
Signature: <u>CAventer</u>					Signature: <u>[Signature]</u>				
Total Mass (Kg)									

Version Control (01/2018)