CONTRACT FOR CARRIAGE / DISPATCH NOTE

DSV

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

SUBBD28989407

222EEE222

ADDITIONAL TRACKING NUMBERS

1

POD COPY

Sender's Details

Company Name: Le Creuset
Street Address: SHOP G158 Gateway Theatre OF Shopping, 1 Palm Boulevad
Suburb: Umhlanga
City / Town: Durban, Postal Code: 4001,
Contact: CASSANDRA
Phone: 031 100 1239

Consignee's Details. Full Street Address Please

Company Name: Le Creuset Headoffice
Street Address: Unit 5, HERON Park Olive Grove Industrial
Suburb: Somerset West
City / Town: Cape town, Postal Code:
Contact: Vicky
Phone: 021 851 7178

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)

Sender's Reference:

Analysis Code:

SPECIAL INSTRUCTIONS

Tarrif Code:

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 14.6 AND 14.7 OVERLEAF)

SENDER'S AUTHORISED SIGNATURE: [signature] DATE: 01.08.18

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

Mark Service Required	
Same Day	
Express	✓
With Sunrise Option	
With Saturday Service	
Public Holiday Service	
Economy	
After Hours	
BLNS Customs Tariff	

1. ONLINE ☐
3. EFT ☐

Total Parcels: 1

NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
Parcel			

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): MS MUTS

Date Received: 02 08 18

Time Received: 10 21

Signature: [signature]

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): MXOLISI

Date Received: DD MM YY

Time Received: HH MM

Signature: [signature]