

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Rends 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD24860656

SUBNT12025067

068
069
070

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <b>LE CREUSET</b>		Company Name: <b>LE CREUSET</b>		<input type="checkbox"/> Same Day	
Street Address: <b>MALL OF AFRICA SHOP 2040</b>		Street Address: <b>HOBART CROSS SHOP C11</b>		<input type="checkbox"/> Express	
Suburb: <b>CNR ALLANDALE &amp; BEN SCHOEMAN</b>		Suburb: <b>BRITANNIA</b>		<input type="checkbox"/> With Sunrise Option	
City/Town: <b>JNB</b> Postal Code: <b>2066</b>		City/Town: <b>JOHANNESBURG</b> Postal Code: <b>2001</b>		<input type="checkbox"/> With Saturday Service	
Contact: <b>CASSANDA</b>		Contact: <b>SALACIA</b>		<input type="checkbox"/> Public Holiday Service	
Phone: <b>011 568 2097</b>		Phone: <b>021 751 7173</b>		<input type="checkbox"/> Economy	
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		<input type="checkbox"/> After Hours	
Sender's Reference				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>				<input type="checkbox"/> 1. ONLINE	
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		<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 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).		SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i> DATE: <b>12/01/18</b>		Total Mass (Kg)	
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)	
<b>4+</b>	<b>4 BOXES + 1 BOX</b>				
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
<b>GONTSE</b>		<b>MATHEW</b>			
Date Received:		Date Received:			
<b>19/01/18</b>		<b>18/01/18</b>			
Time Received:		Time Received:			
<b>1216</b>		<b>1546</b>			
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>			