

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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

Adcock



SUBBD29966736

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SUBHT13035397									
ADDITIONAL TRACKING NUMBERS									

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	<i>Le Creuset SA</i>	Company Name	<i>Le Creuset SA</i>	<input type="checkbox"/> Same Day	
Street Address	<i>Shop 105 Garden Route Mall N2 Highway x Knysna Road George</i>	Street Address	<i>Unit 5 Heron Park Olive Grove Park Somerset West</i>	<input type="checkbox"/> Express	
Suburb	<i>George</i>	Suburb	<i>Somerset West</i>	<input type="checkbox"/> With Sunrise Option	
City / Town	<i>George</i>	City / Town	<i>Cape Town</i>	<input type="checkbox"/> With Saturday Service	
Postal Code	<i>6546</i>	Postal Code	<i>8001</i>	<input type="checkbox"/> Public Holiday Service	
Contact	<i>Elaine</i>	Contact	<i>Frank</i>	<input checked="" type="checkbox"/> Economy	
Phone	<i>044 004 0112</i>	Phone	<i>021 851 7178</i>	<input type="checkbox"/> After Hours	
Destination Country	<input checked="" type="checkbox"/> South Africa			<input type="checkbox"/> BLNS Customs Tariff	
				<input type="checkbox"/> 1. ONLINE	
				<input type="checkbox"/> 3. EFT	
				<input type="checkbox"/> Total Mass (Kg)	
<p>Sender's Reference <i>UT16617031</i> Analysis Code</p> <p>SPECIAL INSTRUCTIONS</p> <p>Tariff Code <i>027766</i> Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other <input type="checkbox"/> (Name Please)</p> <p>If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.</p> <p>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)</p> <p>SENDER'S AUTHORISED SIGNATURE <i>[Signature]</i> DATE <i>18/02/19</i></p>					
<p>Total Parcels <i>2</i> NO. OF PARCELS PER DIMENSIONS <i>2 x Boxes</i> LENGTH (CM) <i>mid-month sale</i> WIDTH (CM) <i>women's replacement</i> HEIGHT (CM) <i>transformation waterfront</i></p>					
<p>Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>BASIL</i></p> <p>Date Received: <i>19 02 19</i> Time Received: <i>09 25</i></p> <p>Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>CLAUDE</i></p> <p>Date Received: <i>18 02 19</i> Time Received: <i>16 50</i></p> <p>Signature: <i>[Signature]</i> Signature: <i>[Signature]</i></p>					

Version Control (01/2018)