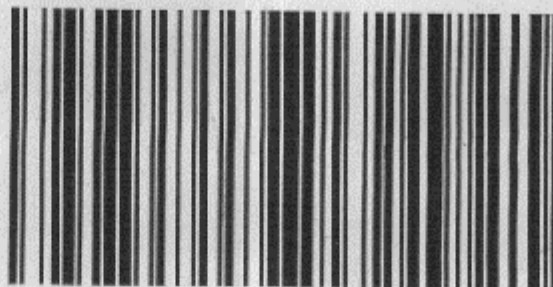


CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 53, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4880189685



SUBBD26681986

2 2 2 E E E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	Le Crauset Ballito	Company Name	Le Crauset Stellenbosch	<input type="checkbox"/> Same Day	
Street Address	Shop 244, Leonara Drive, Ballito Junction mall, Ballito, Dolphin Coast	Street Address	Unit 7. Oude Hook Cm. Church and Andringa Str.	<input type="checkbox"/> Express	
Suburb	Tongaat	Suburb	Stellenbosch	<input type="checkbox"/> With Sunrise Option	
City / Town	Durban	City / Town		<input type="checkbox"/> With Saturday Service	
Postal Code	4399	Postal Code	2140	<input type="checkbox"/> Public Holiday Service	
Contact	0320040138	Contact	Sharol	<input checked="" type="checkbox"/> Economy	
Phone	Southa	Phone	0213003168	<input type="checkbox"/> After Hours	
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	4212226912	Analysis Code			
<b>SPECIAL INSTRUCTIONS</b>					
Bill Charges To Account No.	027766	Bill To	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 250.00 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	20X				
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
C. SMITH		L1241			
Date Received:	Time Received:	Date Received:	Time Received:		
200418	1237	260418	1530		
Signature:		Signature:			

BLNS Customs Tariff

1. ONLINE ☐

3. EFT ☐

Total Mass (Kg)

