

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 Via DSV Distribution
 PO Box 63, The Reeds 0061
 Tel: (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685



SUBBD26760654

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 10173763
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 10173759

| Sender's Details | | Consignee's Details. Full Street Address Please | | Mark Service Required | |
|--|--|---|--|---|--|
| Company Name: LE CREUSET SHOP UM30A | | Company Name: LE CREUSET | | <input type="checkbox"/> Same Day | |
| Street Address: CLEARWATER MALL | | Street Address: SHOP L339 SANDTON CITY | | <input type="checkbox"/> Express | |
| Suburb: JOHANNESBURG | | Suburb: SANDTON | | <input type="checkbox"/> With Sunrise Option | |
| City/Town: JNB Postal Code: 2001 | | City/Town: JNB Postal Code: 2001 | | <input type="checkbox"/> With Saturday Service | |
| Contact: LISA | | Contact: KARABO | | <input type="checkbox"/> Public Holiday Service | |
| Phone: 011 475 1202 | | Phone: 011 184 0301 | | <input checked="" type="checkbox"/> Economy | |
| Destination Country: South Africa | | Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify) | | <input type="checkbox"/> After Hours | |
| Sender's Reference: UT 1 2 4 8 9 3 6 6 | | Analysis Code: 011 184 0301 | | BLNS Customs Tariff | |
| SPECIAL INSTRUCTIONS | | | | | |
| Bill Charges To Account No. 027756 | | Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> | | <input type="checkbox"/> 1. ONLINE | |
| 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 R250.00 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 | | <input type="checkbox"/> 3. EFT | |
| Total Parcels: 7 | | NO. OF PARCELS PER DIMENSIONS | | Total Mass (Kg) | |
| LENGTH (CM) | | WIDTH (CM) | | HEIGHT (CM) | |
| Goods received in full without damage (unless endorsed) | | Received By DSV | | | |
| Name Of Receiver (PLEASE PRINT CLEARLY) | | Name Of Courier (PLEASE PRINT CLEARLY) | | | |
| Date Received: | | Date Received: | | | |
| Time Received: | | Time Received: | | | |
| Signature: | | Signature: | | | |

POD COPY

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