

# 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



SUBBD28275959

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<b>Sender's Details</b> Company Name <u>LE CREUSET</u> Street Address <u>BROOKLYN MALL</u> <u>SHOP 318 BROOKLYN MALL</u> <u>CNR VAELE &amp; WATERKLOOF ROAD</u> Suburb <u>BROOKLYN - PRETORIA</u> City / Town <u>PTA</u> Postal Code <u> </u> Contact <u>FATIMA</u> Phone <u>012 346 2840</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name <u>Le Creuset Centurion</u> Street Address <u>Hewwel Avenue</u> <u>Shop 312 E</u> <u>(upper level) Centurion Mall</u> Suburb <u> </u> City / Town <u>Centurion</u> Postal Code <u>0046</u> Contact <u> </u> Phone <u> </u>		<b>Mark Service Required</b> <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours
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 (Please Specify) <u> </u>		BLNS Customs Tariff <u> </u>		
Sender's Reference <u> </u> Analysis Code <u> </u>		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>		
<b>SPECIAL INSTRUCTIONS</b> Tariff Code <u>027765</u> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <u> </u> 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)				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u> </u>		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE <u>07/05/2018</u>		
<b>Total Parcels</b> NO. OF PARCELS PER DIMENSIONS <u>01</u>		LENGTH (CM) <u> </u> WIDTH (CM) <u> </u> HEIGHT (CM) <u> </u>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>SAMANTHA</u> Date Received: <u>080518</u> Time Received: <u>1303</u> Signature: <u>[Signature]</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u> Date Received: <u>070518</u> Time Received: <u>1555</u> Signature: <u>[Signature]</u>		

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