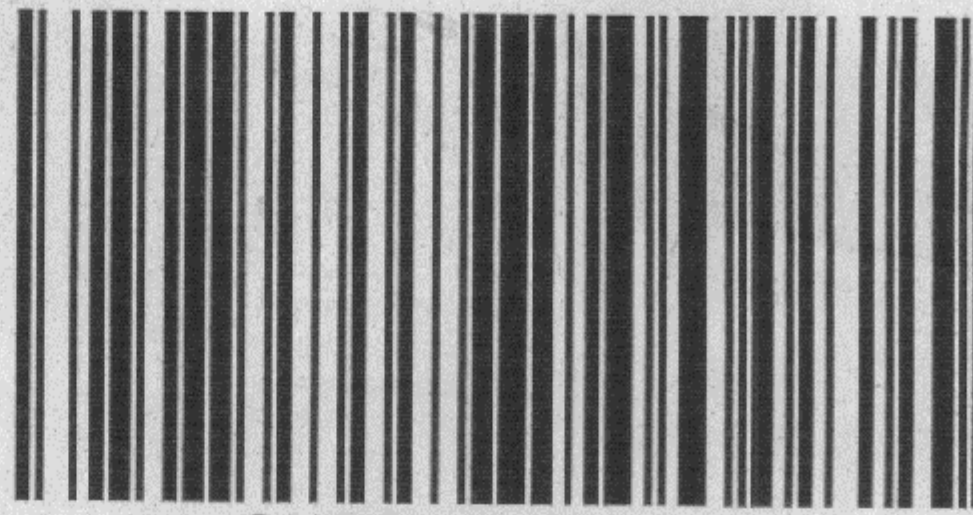


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26876225

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| Sender's Details | | Consignee's Details. Full Street Address Please | | Mark Service Required | |
|---|--|---|--|---|--|
| Company Name LE CREUSET HOBART GROVE | | Company Name Le Creuset Tygervalley | | <input type="checkbox"/> Same Day | |
| Street Address SHOP G1 | | Street Address Shop S13 | | <input type="checkbox"/> Express | |
| Suburb BRYANSTON | | Suburb Upper level | | <input type="checkbox"/> With Sunrise Option | |
| City / Town JNB Postal Code 2021 | | City / Town Cape town Postal Code 7530 | | <input type="checkbox"/> With Saturday Service | |
| Contact | | Contact | | <input type="checkbox"/> Public Holiday Service | |
| Phone 011 568 4708 | | Phone 021 914 7053 | | <input type="checkbox"/> Economy | |
| Destination Country | | Destination Country | | <input type="checkbox"/> After Hours | |
| South Africa <input checked="" type="checkbox"/> | | Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) | | <input type="checkbox"/> BLNS Customs Tariff | |
| Sender's Reference | | Analysis Code | | <input type="checkbox"/> 1. ONLINE | |
| SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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 | | <input type="checkbox"/> 3. EFT | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | | Total Mass (Kg) | |
| 1 | | | | | |
| 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: 230518 | | Date Received: 210518 | | | |
| Time Received: 1255 | | Time Received: 1245 | | | |
| Signature: | | Signature: | | | |