

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



SUBBD27592435

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POD COPY

Sender's Details			Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET</u> Street Address <u>Shop G158, Gateway Shopping Centre, 1 Palm Boulevard</u> Suburb <u>UMHLANGA</u> City / Town <u>DURBAN</u> Postal Code <u>4000</u> Contact <u>SASHA</u> Phone <u>031 100 1239</u>			Company Name <u>LE CREUSET</u> Street Address <u>UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PARADEULE ROAD</u> Suburb <u>SOMERSET WEST</u> City / Town <u>CAPE TOWN</u> Postal Code <u>7129</u> Contact <u>CARMEN</u> Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Same Day <input checked="" 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 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)			Sender's Reference <u>UTI2492133</u> Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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			SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE <u>16/05/18</u>				1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/> Total Mass (Kg)	
Total Parcels <u>1</u> NO. OF PARCELS PER DIMENSIONS			LENGTH (CM) <u>1</u> WIDTH (CM) <u>X</u> HEIGHT (CM) <u>FLYER</u>				Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>CARMEN</u> Date Received: <u>18 05 18</u> Time Received: <u>0857</u> Signature: <u>[Signature]</u>	
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>DICE 10</u> Date Received: <u>17 05 18</u> Time Received: <u>1309</u> Signature: <u>[Signature]</u>								