

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



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|---|--|--|--|---|
| <b>Sender's Details</b><br>Company Name: <u>Le Creuset Ballito</u><br>Street Address: <u>Shop 244</u><br><u>Leonora Drive</u><br><u>Ballito Junction</u><br><u>Ballito</u><br>Suburb: <u>Ballito</u><br>City / Town: <u>Dolphin Coast</u> Postal Code: <u>4399</u><br>Contact: <u>Smitha</u><br>Phone: <u>032 0040138</u>   |  | <b>Consignee's Details. Full Street Address Please</b><br>Company Name: <u>LE CREUSET BEDFORD CENTRE</u><br>Street Address: <u>SHOP 217 SMITH E VAN DE LINDE</u><br><u>BEDFORD VIEW</u><br><u>JOHANNESBURG</u><br><u>GALITENG</u><br>Suburb: <u>JOHANNESBURG</u> Postal Code: <u>2007</u><br>City / Town: <u>JOHANNESBURG</u><br>Contact: <u>NATASHA / MILA</u><br>Phone: <u>011 6151923</u> |  | <b>Mark Service Required</b><br><input type="checkbox"/> Same Day<br><input type="checkbox"/> Express<br><input type="checkbox"/> With Sunrise Option<br><input type="checkbox"/> With Saturday Service<br><input type="checkbox"/> Public Holiday Service<br><input checked="" type="checkbox"/> Economy<br><input type="checkbox"/> After Hours<br><input type="checkbox"/> BLNS Customs Tariff |
| Destination Country: <u>South Africa</u> <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>   |  | Analysis Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |  |   |
| Sender's Reference: <u>UTI2185745</u>   |  |  |  |   |
| <b>SPECIAL INSTRUCTIONS</b><br>Bill Charges To Account No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/><br>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 14.6 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).<br>e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number: _____ |  |  |  |   |
| IF Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.  |  |  |  |   |
| Total Parcels: <u>1</u>   |  | NO. OF PARCELS PER DIMENSIONS: <u>X Box</u>  |  |   |
| LENGTH (CM): _____  |  | WIDTH (CM): _____  |  |   |
| HEIGHT (CM): _____  |  | DATE: <u>24/04/2016</u>  |  |   |
| Goods received in full without damage (unless endorsed)<br>Name Of Receiver (PLEASE PRINT CLEARLY): <u>Natasha</u><br>Date Received: <u>25/04/16</u> Time Received: <u>12:40</u><br>Signature: <u>[Signature]</u>   |  | Received By DSV<br>Name Of Courier (PLEASE PRINT CLEARLY): <u>L2W1</u><br>Date Received: <u>24/04/16</u> Time Received: <u>16:10</u><br>Signature: <u>[Signature]</u>  |  |   |

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