

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



SUBBD27219378

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Greuset Warehouse</u>		Company Name <u>LE GREUSET WAREHOUSE / ONLINE</u>				<input type="checkbox"/>	
Street Address <u>SHOP 101</u>		Street Address <u>UNIT 5 LIEBON PARK</u>				<input type="checkbox"/>	
<u>AUGUSTES AVENUE</u>		<u>OLIVE GROVE INDUSTRIAL ESTATE</u>				<input type="checkbox"/>	
<u>CASHAN EXT 12</u>		<u>OLD PAARDEVLEI RD</u>				<input type="checkbox"/>	
Suburb <u>WATERFALL MALL</u>		Suburb <u>SOMERSET WEST</u>				<input checked="" type="checkbox"/>	
City / Town <u>DUSTENBURG</u> Postal Code <u>0299</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>7130</u>				<input type="checkbox"/>	
Contact <u>MANAGER LERATO</u>		Contact <u>ATT: MANAGER YOLANDA</u>				<input type="checkbox"/>	
Phone <u>014 537 2279</u>		Phone <u>021 851 7176</u>				<input type="checkbox"/>	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <u>STORAGE 512</u>		Analysis Code					
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input 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							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>1</u>				<u>32</u>		<u>32</u>	
						<u>25</u>	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>ERWIN</u>				<u>LESER</u>			
Date Received: <u>100518</u>				Date Received: <u>080518</u>			
Time Received: <u>1245</u>				Time Received: <u>1604</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/> Total Mass (Kg) <u>2</u>							