

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 68, The Reeds COB1
Tel: (012) 673-2000
Reg. No: 2004/015747/07
VAT Reg. No: 4280213873

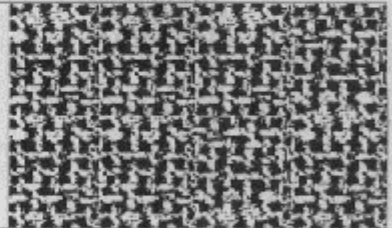


SUBBD24991752

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET CRESTA		Company Name: LE CREUSET SANDTON				<input type="checkbox"/> Same Day	
Street Address: BEYERS NAUDE DRIVE SHOP U41 CRESTA SHOPPING CEN CRESTA		Street Address: SHOP L339 SANDTON CITY 158 5TH STREET SANDTON EXTENSION				<input type="checkbox"/> Express	
Suburb: JOHANNESBURG		Suburb: SANDTON EXTENSION				<input type="checkbox"/> With Sunrise Option	
City / Town: JNB	Postal Code:	City / Town: JHB	Postal Code:	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact: 011 476 6010		Contact: KARABO				<input checked="" type="checkbox"/> Economy	
Phone: 011 476 6010		Phone: 011 784-0301				<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)		BLNS Customs Tariff			
Sender's Reference: UT I 9 7 2 7 1 8 P		Analysis Code				1. ONLINE <input type="checkbox"/>	
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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).							
				SENDER'S AUTHORISED SIGNATURE		DATE	
				<i>[Signature]</i>		09/01/18	
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)	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): TEBOGO				Name Of Courier (PLEASE PRINT CLEARLY): HIPIS			
Date Received: 100118		Time Received: 1232		Date Received: 090118		Time Received: 1720	
				Signature: <i>[Signature]</i>			

POD COPY

Total Mass (Kg)



DSV (18/02/2018)