

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Roads 0081  
Tel (012) 673 2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4760215873



SUBBD24991753


<b>Sender's Details</b> Company Name: <b>LE CREUSET CRESTA</b> Street Address: <b>BEYERS NAUDE DRIVE SHOP U41 CRESTA SHOPPING CEN CRESTA</b> Suburb: <b>JOHANNESBURG</b> City/Town: <b>JNB</b> Postal Code: _____ Contact: _____ Phone: <b>011 476 6010</b> 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)		<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>LE CREUSET HOBART GROVE</b> Street Address: <b>SHOP G1 HOBART + BROUWENOR RDS Bryanston</b> Suburb: _____ City/Town: <b>JNB</b> Postal Code: <b>2021</b> Contact: <b>SEVENA</b> Phone: <b>011 568 4708</b>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff
Sender's Reference: <b>UTI 0441300</b> Analysis Code: _____		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No: <b>027766</b> Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ 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 12.6, 12.8 AND 12.7 OVERLEAF).		SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i> DATE: <b>07/02/2018</b> Total Mass (Kg)		
Total Parcels: <b>01</b> NO. OF PARCELS PER DIMENSIONS: _____ LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>GOUTSE</b> Date Received: <b>080217</b> Time Received: <b>0906</b> Signature: <i>[Signature]</i>		
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <b>EPHRAIM</b> Date Received: <b>070218</b> Time Received: <b>1745</b> Signature: <i>[Signature]</i>				

POD COPY

Version Control (Optional)