

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 678-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD24991756

ADDITIONAL					
TRACKING					
MARKETS					

Sender's Details Company Name: LE CREUSET CRESTA Street Address: BEYERS NAUDE DRIVE SHOP U41 CRESTA SHOPPING CEN CRESTA Suburb: JOHANNESBURG City/Town: JNB Postal Code: 2001 Contact: SISA Phone: 011 476 6010		Consignee's Details. Full Street Address Please Company Name: le Creuset Street Address: Unit 5 Heron Park OLIVE GROVE Industrial Estate Old Paardenvlei Road Somerset West Suburb: Somerset West City/Town: CAPE-TOWN Postal Code: 7800 Contact: Franci Phone: 021 851 7178				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	
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)		Sender's Reference: UT11057649 Analysis Code:				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.						1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
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, 12.6 AND 12.7 OVERLEAF).						SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i> DATE: 06/03/2018	
Total Parcels: 1 NO. OF PARCELS PER DIMENSIONS: BOX 73 LENGTH (CM): 41 WIDTH (CM): 21 HEIGHT (CM): 11						Total Mass (Kg)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): ELU/NO Date Received: 090318 Time Received: 1020			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): GRARAIM Date Received: 060318 Time Received: 1639				

POD COPY

Version Control: (05/2016)