

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63 The Reeds 0001
Tel (012) 673 2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25003826

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 SHOP U41		Street Address SHOP L339						<input type="checkbox"/> Express	
CRESTA SHOPPING CNR		158 5TH STREET						<input type="checkbox"/> With Sunrise Option	
BEJERS NAUDE DR		SANDTON EXTENSION 3						<input type="checkbox"/> With Saturday Service	
Suburb RANDBURG		Suburb						<input type="checkbox"/> Public Holiday Service	
City/Town <input type="text"/>		City/Town JHB		Postal Code		Postal Code		<input checked="" type="checkbox"/> Economy	
Contact SISA		Contact KARABO		Phone 011 476 6010		Phone 011 784 0301		<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
		Swaziland		Other		(Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference YT12260581		Analysis Code						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Bill Charges To Account No 027766		Bill To 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.								<input type="checkbox"/> 3. EFT	
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).		<i>Adallo</i>		02-05-18		SENDER'S AUTHORISED SIGNATURE		DATE	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number						Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		BOX							
Goods received in full without damage (unless endorsed)		Name Of Receiver (PLEASE PRINT CLEARLY)		Received By DSV		Name Of Courier (PLEASE PRINT CLEARLY)			
KARABO		KARABO		EPHRAIM		EPHRAIM			
Date Received: 030518		Time Received: 1012		Date Received: 020518		Time Received: 1611			
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>			

POD COPY