

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0361
Tel (012) 573-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213673



SUBBD25003839

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>le creuset cresta</u>		Company Name <u>le creuset</u>						<input type="checkbox"/> Same Day	
Street Address <u>Shop 441</u> <u>Cresta shopping</u> <u>Central Bayes North drive</u>		Street Address <u>Shop NO 4130A</u> <u>Clearwater mall</u> <u>Christian de wet road, herold</u>						<input type="checkbox"/> Express	
Suburb <u>Cresta Randburg</u>		Suburb <u>Potgieter Kraaier</u>						<input type="checkbox"/> With Sunrise Option	
City / Town <u>WHS</u> Postal Code <u> </u>		City / Town <u>Johannesburg</u> Postal Code <u>2001</u>						<input type="checkbox"/> With Saturday Service	
Contact <u>SISA</u>		Contact <u>LISA</u>						<input type="checkbox"/> Public Holiday Service	
Phone <u>011 476 6010</u>		Phone <u>011 475 1202</u>						<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		<input type="checkbox"/> After Hours	
								<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <u>UT11123544</u>		Analysis Code						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS								<input type="checkbox"/> 3. EFT	
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 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 <u>[Signature]</u> DATE <u>08/03/2018</u>						Total Mass (Kg)	
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)		HEIGHT (CM)	
<u>1</u>		<u>BOX</u>							
Goods received in full without damage (unless endorsed)				Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY) <u>AYANDA</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>EPHRAIM</u>					
Date Received: <u>09 03 18</u>		Time Received: <u>1334</u>		Date Received: <u>08 03 18</u>		Time Received: <u>1655</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>					

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