

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213673



SUBBD25131652

ADDITIONAL					
TRACKING					
NUMBERS					

POD COPY

<b>Sender's Details</b>			<b>Consignee's Details. Full Street Address Please</b>		
Company Name <b>LE CREUSET HEAD OFFICE</b>			Company Name <b>LE CREUSET CANAL WALK</b>		
Street Address <b>UNIT 5, HERON PA OLIVE GROVE IND. ESTATE</b>			Street Address <b>SHOP 176 CANAL WALK SHOP CNTR</b>		
<b>OLD PAARDEVLEI RD</b>			<b>LOWER GROUND LEVEL</b>		
Suburb <b>SOMERSET WEST</b>			Suburb <b>CENTURY CITY</b>		
City / Town <b>CPT</b>	Postal Code <b>7100</b>		City / Town <b>CPT</b>	Postal Code <b>7441</b>	
Contact <b>JASHIN FRASER</b>			Contact <b>LIZE MARIE VERME</b>		
Phone <b>021 851 7178</b>			Phone <b>021 551 0225</b>		
Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland
Other (Please Specify)					
Sender's Reference <b>1410</b>			Analysis Code		

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **027766**

Bill To  Sender  Consignee  Other (Name Please)

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).

*[Signature]*  
**SENDER'S AUTHORISED SIGNATURE**

**07/01/2019**  
**DATE**

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<b>1</b>	<b>66</b>	<b>36</b>	<b>49</b>	<b>1</b>
	<b>FLYER</b>			

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>VAN GRAAN</b>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>MURON</b>
Date Received: <b>08 01 19</b>	Date Received: <b>07 01 19</b>
Time Received: <b>09 58</b>	Time Received: <b>16 11</b>
Signature: <i>[Signature]</i> (checked)	Signature: <i>[Signature]</i>

**Mark Service Required**

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

**Total Mass (Kg)**

**1**