

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. 4260213873



SUBBD25349430



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required																	
Company Name	6 Creuset Waterford	Company Name	6 Creuset Tygervalley			<input type="checkbox"/> Same Day																	
Street Address	Shop 6197, Victoria Wharf Centre 1/A Waterford Waterford	Street Address	Shop 513, Upper level Tygervalley Centre 10 Bill Bezuidenhout Rd Bellville			<input type="checkbox"/> Express																	
Suburb	Waterford	Suburb	Bellville			<input type="checkbox"/> With Sunrise Option																	
City / Town	Cape Town Postal Code 8001	City / Town	Cape Town Postal Code 7530			<input type="checkbox"/> With Saturday Service																	
Contact	Cindy	Contact	Lize Manie			<input type="checkbox"/> Public Holiday Service																	
Phone	021 421 8521	Phone	021 914 7053			<input checked="" type="checkbox"/> Economy																	
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other	<input type="checkbox"/> After Hours																	
Sender's Reference	U t i 0 0 6 9 5 3 7				Analysis Code																		
<b>SPECIAL INSTRUCTIONS</b>																							
Bill Charges To Account No.		Bill To	Sender	Consignee	Other (Name Please)	1. ONLINE <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).																							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>					e-mail Address / Fax Number																		
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> <th colspan="3">Total Mass (Kg)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td colspan="3"></td> </tr> </tbody> </table>								Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)			1							
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)																		
1																							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LEANDRE				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) WAKSHAK																			
Date Received: 24 01 18		Time Received: 14:15		Date Received: 23 01 18		Time Received:																	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>																			

POD COPY

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