

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



SUBBD25396614


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>Le Creuset</u>		Company Name: <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address: <u>Shop 318, Cnr Waterkloof &amp; Vegle Brooklyn mall</u>		Street Address: <u>Unit 5 Heron Park Olive Grove Industrial Park Old Paardebloed Rd</u>				<input checked="" type="checkbox"/> Express	
Suburb: <u>Brooklyn</u>		Suburb: <u>Somers West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town: <u>PTA</u> Postal Code: <u>0002</u>		City / Town: <u>Cape Town</u> Postal Code: <u>7200</u>				<input type="checkbox"/> With Saturday Service	
Contact: <u>Fabian</u>		Contact: <u>Vicky</u>				<input type="checkbox"/> Public Holiday Service	
Phone: <u>012 346 2840</u>		Phone: <u>021 851 7178</u>				<input type="checkbox"/> Economy	
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)		<input type="checkbox"/> BLNS Customs Tariff		<input type="checkbox"/> After Hours	
Sender's Reference: <u>UTIO963215</u>		Analysis Code: _____				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>							
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 12.6 AND 12.7 OVERLEAF).							
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)	
1		Flyer					
HEIGHT (CM)				Total Mass (Kg)			
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>A de Beer</u>				<u>Sanford</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>020318</u>		<u>0948</u>		<u>010318</u>		<u>1550</u>	
Signature: <u>AM</u>				Signature: _____			

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