

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reads 0051
Tel: (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25396642

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>Brooklyn Mall</u>		Street Address <u>Units, Heron Park</u>				<input type="checkbox"/> Express														
<u>Shop 318 Corner Fehsech</u>		<u>Olive Grove Industrial Estate</u>				<input type="checkbox"/> With Sunrise Option														
<u>7 Veale Rd's</u>		<u>Old Paardevlei Rd</u>				<input type="checkbox"/> With Saturday Service														
Suburb <u>Brooklyn</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> Public Holiday Service														
City/Town <u>Pretoria</u> Postal Code <u>0002</u>		City/Town <u>Cape Town</u> Postal Code <u>7200</u>				<input checked="" type="checkbox"/> Economy														
Contact <u>Fabiana</u>		Contact <u>Mary</u>				<input type="checkbox"/> After Hours														
Phone <u>012 346 2440</u>		Phone <u>021 821 7178</u>				<input type="checkbox"/> BLNS Customs Tariff														
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"/> 1. ONLINE														
Sender's Reference <u>Ut19632505</u>		Analysis Code				<input type="checkbox"/> 3. EFT														
SPECIAL INSTRUCTIONS																				
Bill Charges To Account No. <input type="checkbox"/>		Bill To <input type="checkbox"/> 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.																
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).																				
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="2">Total Mass (Kg)</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><u>Box</u></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> </tbody> </table>							Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)	Total Mass (Kg)		<input checked="" type="checkbox"/>	<u>Box</u>					
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)	Total Mass (Kg)															
<input checked="" type="checkbox"/>	<u>Box</u>																			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Maria</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>HENRY</u>																
Date Received: <u>02/01/18</u>		Time Received: <u>09:00</u>		Date Received: <u>28/12/17</u>		Time Received: <u>17:05</u>														
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>																

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Version Control (16/2016)

