

**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



**SUBBD25396648**


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required					
Company Name <u>Le Creuset Brooklyn</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day					
Street Address <u>Shop 318 Brooklyn Mall</u> <u>Corner of Waterkloof &amp;</u> <u>Veale Rd</u>		Street Address <u>Unit 5 Heron Park</u> <u>Olive Grove Industrial Estate</u> <u>Somerset West</u>				<input checked="" type="checkbox"/> Express					
Suburb <u>Brooklyn</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option					
City / Town <u>Pretoria</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>Fatima</u>		Contact <u>Lisa</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"/> After Hours					
Sender's Reference <u>Ut10227234</u>		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff					
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. <u>027766</u>		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.							
<p><small>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).</small></p>											
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number				<p style="font-size: 1.2em; margin: 0;"><i>[Signature]</i></p> <p style="margin: 0;">SENDER'S AUTHORISED SIGNATURE</p>							
				<p style="font-size: 1.2em; margin: 0;"><u>30/01/2018</u></p> <p style="margin: 0;">DATE</p>							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)	
1		<u>FWEN</u>									
Goods received in full without damage (unless endorsed)						Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)						Name Of Courier (PLEASE PRINT CLEARLY)					
<u>LISA</u>						<u>[Signature]</u>					
Date Received:			Time Received:			Date Received:			Time Received:		
<u>31/01/18</u>			<u>1019</u>			<u>30/01/18</u>			<u>1619</u>		
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>					

