

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

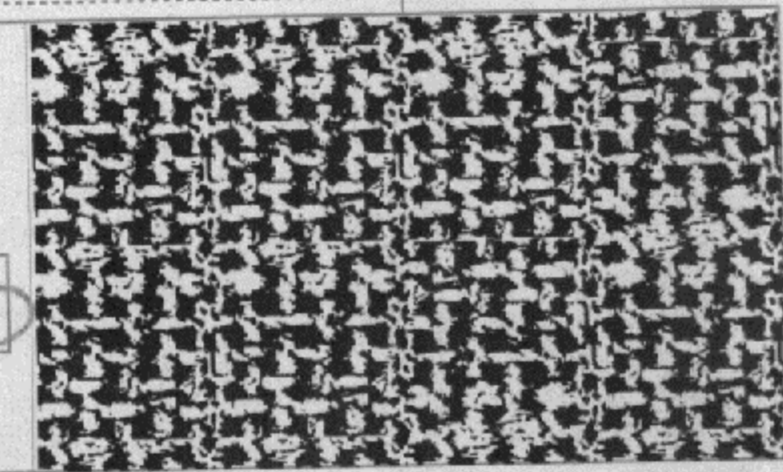


SUBBD25463539


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>LE CREUSET TYGERVALLEY</b>		Company Name <b>Le Creuset</b>						<input type="checkbox"/> Same Day	
Street Address <b>SHOP 513 TYGERVALLEY CENTRE</b>		Street Address <b>Shop 6197, Victoria Wharf Centre, V&amp;A Waterfront</b>						<input type="checkbox"/> Express	
Suburb <b>BELLVILLE</b>		Suburb <b>Cindy</b>						<input type="checkbox"/> With Sunrise Option	
City / Town <b>CPT</b> Postal Code <b>7530</b>		City / Town <b>Cape Town</b> Postal Code <b>8001</b>						<input type="checkbox"/> With Saturday Service	
Contact <b>SHARON HASWAN</b>		Contact <b>021 421 8521</b>						<input type="checkbox"/> Public Holiday Service	
Phone <b>021 914 7053</b>		Phone <b>Cindy</b>						<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
Destination Country		Swaziland		Other		(Please Specify)		After Hours	
Sender's Reference <b>UTJ1029042</b>		Analysis Code						BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender		Consignee <input checked="" type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		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 12.5, 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)		HEIGHT (CM)	
<b>1</b>		<b>SMALL</b>		<b>PACKAGE</b>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>ANGELICA</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>MIONDE</b>				
Date Received: <b>060318</b>					Date Received: <b>050318</b>				
Time Received: <b>1253</b>					Time Received: <b>1710</b>				
Signature:					Signature:				

POD COPY

Total Mass (Kg)



Version Control (06/2016)