

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25463688

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET BOUTIQUE STO		Company Name Le Creuset - Table Bay				<input type="checkbox"/> Same Day	
Street Address SHOP 176 CANAL WALK SHOP.CNTR LOWER GROUND LEVEL		Street Address Shop 6086, CNR OF J27 AND Berkshire Blvd				<input type="checkbox"/> Express	
Suburb CENTURY CITY		Suburb Table Bay				<input type="checkbox"/> With Sunrise Option	
City / Town CPT	Postal Code 7441	City / Town Cape Town	Postal Code 7436	<input type="checkbox"/> With Saturday Service		<input checked="" type="checkbox"/> Economy	
Contact LIZE MARIE		Contact Mikadia				<input type="checkbox"/> Public Holiday Service	
Phone 021 551 0225		Phone 021 300 3148				<input type="checkbox"/> After Hours	
Destination Country <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia	
Sender's Reference UTIO250939		<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Analysis Code							
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) CANDICE				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) MARIEIN			
Date Received: 310118		Time Received: 150		Date Received: 300118		Time Received: 1536	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

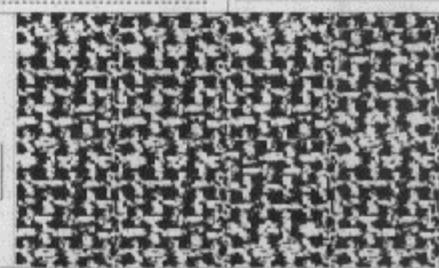
POD COPY

[Signature] 30/1/18
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE

3. EFT

Total Mass (Kg)



Version Control (05/2018)