

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/D15747/D7
VAT Reg. No. 4260213873



SUBBD25505513

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>January Maskele</u>		Street Address <u>Unit 5 Heron Park</u>						<input type="checkbox"/> Express																																																																																	
<u>5 Amakand Dr</u>		<u>Old Paardeveld Rd Olive</u>						<input type="checkbox"/> With Sunrise Option																																																																																	
<u>Menlyn Maine</u>		<u>Group Industrial Estate</u>						<input type="checkbox"/> With Saturday Service																																																																																	
Suburb <u>Waterkloof ext 2</u>		Suburb <u>Somerset West</u>						<input type="checkbox"/> Public Holiday Service																																																																																	
City / Town <u>Pretoria</u> Postal Code <u>0108</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>						<input checked="" type="checkbox"/> Economy																																																																																	
Contact <u>Jon</u>		Contact <u>Jenna</u>						<input type="checkbox"/> After Hours																																																																																	
Phone <u>012 004 0082</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> BLNS Customs Tariff																																																																																	
Destination Country		South Africa		Botswana		Lesotho		Namibia																																																																																	
								Swaziland																																																																																	
								Other (Please Specify)																																																																																	
Sender's Reference <u>UT10084969</u>		Analysis Code						<input type="checkbox"/> 1. ONLINE																																																																																	
SPECIAL INSTRUCTIONS																																																																																									
Bill Charges To Account No. <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 3. EFT																																																																																	
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																																																																																			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)																																																																																	
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<table border="0"> <tr> <td colspan="5">Goods received in full without damage (unless endorsed)</td> <td colspan="5">Received By DSV</td> </tr> <tr> <td colspan="5">Name Of Receiver (PLEASE PRINT CLEARLY)</td> <td colspan="5">Name Of Courier (PLEASE PRINT CLEARLY)</td> </tr> <tr> <td colspan="5"><u>EIVINO</u></td> <td colspan="5"><u>Innocent</u></td> </tr> <tr> <td colspan="5">Date Received:</td> <td colspan="5">Date Received:</td> </tr> <tr> <td colspan="5"><u>250118</u></td> <td colspan="5"><u>230118</u></td> </tr> <tr> <td colspan="5">Time Received:</td> <td colspan="5">Time Received:</td> </tr> <tr> <td colspan="5"><u>0920</u></td> <td colspan="5"><u>1500</u></td> </tr> <tr> <td colspan="5">Signature: <u>[Signature]</u></td> <td colspan="5">Signature: <u>[Signature]</u></td> </tr> </table>										Goods received in full without damage (unless endorsed)					Received By DSV					Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)					<u>EIVINO</u>					<u>Innocent</u>					Date Received:					Date Received:					<u>250118</u>					<u>230118</u>					Time Received:					Time Received:					<u>0920</u>					<u>1500</u>					Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				
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Version Control: 06/2016