

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



SUBBD25505558

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| 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>Shop 12</u> | | Street Address <u>Shop 6197</u> | | | | | | <input type="checkbox"/> Express | | | | | |
| <u>Menlyn Maine, January</u> | | <u>V&A Waterfront, Victoria Wharf</u> | | | | | | <input type="checkbox"/> With Sunrise Option | | | | | |
| <u>Masilela & Amaranth Ave</u> | | <u>OPPOSITE PICK n PAY</u> | | | | | | <input type="checkbox"/> With Saturday Service | | | | | |
| Suburb <u>Waterkloof EXT2</u> | | Suburb <u>Waterfront</u> | | | | | | <input type="checkbox"/> Public Holiday Service | | | | | |
| City/Town <u>Victoria</u> Postal Code <u>01</u> | | City/Town <u>Cape Town</u> Postal Code <u>8001</u> | | | | | | <input checked="" type="checkbox"/> Economy | | | | | |
| Contact <u>TONI</u> | | Contact <u>Sharon Cindy</u> | | | | | | <input type="checkbox"/> After Hours | | | | | |
| Phone <u>012 004 0082</u> | | Phone <u>021 421 8521</u> | | | | | | <input type="checkbox"/> BLNS Customs Tariff | | | | | |
| Destination Country | | South Africa | | Botswana | | Lesotho | | Namibia | | Swaziland | | Other (Please Specify) | |
| Sender's Reference <u>UT10624192</u> | | Analysis Code | | | | | | | | | | | |
| SPECIAL INSTRUCTIONS | | | | | | | | | | | | | |
| Bill Charges To Account No. <u>027766</u> | | Bill To <input type="checkbox"/> Sender | | 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 | | | | | | | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | | HEIGHT (CM) | | | | | |
| <u>1</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>LARD</u> | | | | | | | <u>W</u> | | | | | | |
| Date Received: | | | | | | | Date Received: | | | | | | |
| <u>190218</u> | | | | | | | <u>150218</u> | | | | | | |
| Time Received: | | | | | | | Time Received: | | | | | | |
| <u>12:56</u> | | | | | | | <u>12:00</u> | | | | | | |
| Signature: <u>[Signature]</u> | | | | | | | Signature: <u>[Signature]</u> | | | | | | |

POD COPY

Version Control (05/2016)

1. ONLINE

3. EFT

Total Mass