


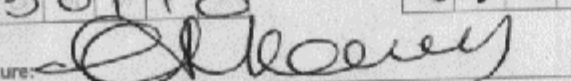
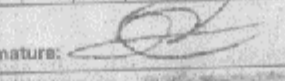
CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25508692


Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <b>LE CREUSET BOUTIQUE STORE</b>		Company Name: <b>Le Creuset Constantia Village</b>		<input type="checkbox"/> Same Day	
Street Address: <b>SHOP 30 WATERSTONE VILLAGE S.V</b>		Street Address: <b>Shop 100 Constantia Main Road and Spoonsgemacht Road</b>		<input type="checkbox"/> Express	
CNR R44 & MAIN RD		Constantia		<input type="checkbox"/> With Sunrise Option	
Suburb: <b>SOMERSET WEST</b>		Suburb: <b>Constantia</b>		<input type="checkbox"/> With Saturday Service	
City / Town: <b>CPT</b> Postal Code: <b>ELIZE DU PLESSIS</b>		City / Town: <b>Cape Town</b> Postal Code: <b>7700</b>		<input checked="" type="checkbox"/> Public Holiday Service	
Contact: <b>021 851 1982</b>		Contact: <b>Nichie</b>		<input type="checkbox"/> Economy	
Phone: <b>021 851 1982</b>		Phone: <b>021 794 3615</b>		<input type="checkbox"/> After Hours	
Destination Country: <b>South Africa</b>		Other (Please Specify):		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: <b>UTI9647514</b>		Analysis Code:		<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>		Bill To: <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 3. EFT	
To Account No: <b>027766</b>		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.		<b>Total Mass (Kg)</b>	
<p>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).</p>					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE:  DATE: <b>02/01/2018</b>	
<b>Total Parcels</b>	<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	
<b>1</b>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>GARNETTE</b>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <b>TYRONE</b>		
Date Received: <b>030118</b>		Time Received: <b>0843</b>		Date Received: <b>020118</b>	
				Time Received: <b>1438</b>	
Signature: 			Signature: 		

POD COPY

Version Control (03/2016)

