

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



SUBBD25508698


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</b>				<input type="checkbox"/> Same Day	
Street Address: <b>SHOP 30 WATERSTONE VILLAGE S.V</b>		Street Address: <b>Shop 6197 Victoria Wharf Centre V&amp;A Waterfront</b>				<input type="checkbox"/> Express	
Suburb: <b>CNR R44 &amp; MAIN RD</b>		Suburb: <b>V&amp;A</b>				<input type="checkbox"/> With Sunrise Option	
City / Town: <b>SOMERSET WEST</b>		City / Town: <b>Cape Town</b>				<input type="checkbox"/> With Saturday Service	
Postal Code: <b>CPT</b>		Postal Code: <b>8001</b>				<input type="checkbox"/> Public Holiday Service	
Contact: <b>ELIZE DU PLESSIS</b>		Contact: <b>Cindy</b>				<input checked="" type="checkbox"/> Economy	
Phone: <b>021 851 1982</b>		Phone: <b>021 421 8521</b>				<input type="checkbox"/> After Hours	
Destination Country: <b>South Africa</b>		Analysis Code: <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: <b>UT10798837</b>						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Bill To: <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				<input type="checkbox"/> 3. EFT	
Bill Charges To Account No.: <b>027766</b>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				Total Mass (kg)	
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).		Signature: <b>Aduacm</b>				DATE: <b>22/02/2018</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
						HEIGHT (CM)	
Goods received in full without damage (unless endorsed)		Received By DSV					
Signature of Receiver (PLEASE PRINT CLEARLY): <b>ON BAIUEN</b>		Name Of Courier (PLEASE PRINT CLEARLY): <b>FAPONE</b>					
Time Received: <b>0218</b>		Date Received: <b>220218</b>				Time Received: <b>1626</b>	
Signature: <i>[Handwritten]</i>		Signature: <i>[Handwritten]</i>					

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