

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



SUBBD25508964

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name..... LE CREUSET BOUTIQUE STORE				Company Name..... LE CREUSET				<input type="checkbox"/> Same Day	
Street Address..... L68, CAVENDISH S VINEYARD ROAD				Street Address..... Shop 513, upper level, Tygervalley Centre				<input type="checkbox"/> Express	
CLAREMONT				Bill Bezuidenhout Road				<input type="checkbox"/> With Sunrise Option	
Suburb..... CAPE TOWN				Suburb.....				<input type="checkbox"/> With Saturday Service	
City/Town..... CPT		Postal Code..... 7708		City/Town..... Cape Town		Postal Code..... 7930		<input checked="" type="checkbox"/> Economy	
Contact..... ZAHIRA HOUSEN				Contact..... Lize - Marie				<input type="checkbox"/> After Hours	
Phone..... 021 671 9550				Phone..... 021 914 7053				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country..... South Africa		Botswana		Lesotho		Namibia		Swaziland	
Other.....		(Please Specify)		Analysis Code.....					
Sender's Reference..... 4219939271									
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"/>		1. ONLINE <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 <input checked="" type="checkbox"/>			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		1 x Box							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) STEPHANIE				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) THURSTON					
Date Received: 18 01 18		Time Received: 14 05		Date Received: 27 01 18		Time Received: 14 40			
Signature:				Signature:					

POD COPY