

**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



**SUBBD25569355**


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET CAVENDISH</b>		Company Name <b>LE CREUSET</b>				<input type="checkbox"/> Same Day	
Street Address <b>CAVENDISH SQUARE MALL SHOP 181 - LOWER GROUND FLOOR</b>		Street Address <b>UNIT 5, HERON PARK OLIVE GROVE PARK CAPE TOWN</b>				<input type="checkbox"/> Express	
Suburb <b>CLAREMONT - CPT</b>		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town <b>CAPE TOWN</b> Postal Code <b>7780</b>		City / Town <input type="text"/> Postal Code <b>8001</b>				<input type="checkbox"/> With Saturday Service	
Contact <b>ZAAHIRA</b>		Contact <b>MITCHELL</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>(021) 6719550</b>		Phone <b>021 851 7178</b>				<input checked="" type="checkbox"/> Economy	
Destination Country		Destination Country				<input type="checkbox"/> After Hours	
<input type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)		
Sender's Reference <b>4T1038589</b>		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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).							
				<i>[Signature]</i>		<b>02.02.18</b>	
				<b>SENDER'S AUTHORISED SIGNATURE</b>		<b>DATE</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<input type="text" value="1"/>							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <b>EIVINE</b>				Name Of Courier (PLEASE PRINT CLEARLY) <b>Theron</b>			
Date Received: <b>050218</b>		Time Received: <b>1030</b>		Date Received: <b>020218</b>		Time Received: <b>1500</b>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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