

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



SUBBD25699956

Sender's Details		Consignee's Details. Full Street Address Please					
Company Name: LE CREUSET Street Address: LE CREUSET BAYWEST MALL CO. REG.: 1397/021366/07 VAT: 4160178069 Suburb: Baywest TEL: 041 004 0011 Email: baywest.store.za@lecreuset.com Contact: Karel Pretorius Phone: 041 004 0011		Company Name: Le Creuset Gardens Street Address: Shop 20B Gardens Shopping Center Cnr Mill and Barbernet Street Suburb: Gardens City / Town: Cape Town Postal Code: 8001 Contact: Laurenzia Phone: 021 462 7277					
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)							
Sender's Reference		Analysis Code					

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

SPECIAL INSTRUCTIONS

Bill Charges To Account No: **027766** Bill To Sender Consignee Other (Name Please)

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 200.00 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).

SENDER'S AUTHORISED SIGNATURE **18/04/18** **DATE**

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	1	36	34	14

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **YOLANDA**

Date Received: **19 04 18** Time Received: **12 17**

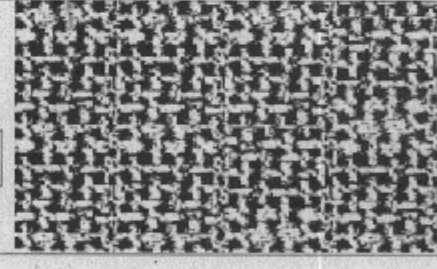
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): **XOLANI**

Date Received: **18 04** Time Received: **14 26**

Signature: *[Signature]*



POD COPY