

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



SUBBD25699968


<b>Sender's Details</b> Company Name <u>Baywest Le Creuset</u> Street Address <u>Shop LG 43</u> <u>Baywest Mall, N2</u> <u>Port Elizabeth</u> Suburb <u>Walker Drive Ext</u> City / Town <u>P.E</u> Postal Code <u>6001</u> Contact <u>Rene</u> Phone <u>041 004 0011</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name <u>Le Creuset Warehouse</u> Street Address <u>Unit 5 Heron Park</u> <u>Olive Grove Industrial Estate</u> <u>Old Paardevlei Road</u> Suburb <u>Somerset West</u> City / Town <u>Cape Town</u> Postal Code <u>7100</u> Contact <u>Clarice Brown</u> Phone <u>021 851 7178</u>				<b>Mark Service Required</b> <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff	
Destination Country: South Africa <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)		Sender's Reference <u>WTI2482387</u> Analysis Code				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>02-7766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <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).				SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE <u>16/05/2018</u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		Total Mass (Kg) <u>1</u>					
<b>Total Parcels</b>		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)		
<input type="checkbox"/> 1			<u>44</u>	<u>36</u>	<u>5</u>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>J BENADE</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ANTONY</u>				
Date Received: <u>170518</u>		Time Received: <u>0840</u>		Date Received: <u>P60518</u>			
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>					

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