

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



SUBBD25699984

BANKING FILE			

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required								
Company Name LE CREUSET BAYWEST		Company Name LE CREUSET ACCOUNTS					Same Day								
Street Address SHOP LG 43 BAYWEST MALL N2		Street Address UNIT 5, HERON PARK OLIVE GROVE, INDUSTRIAL EST. OLD PARDEVELEI ROAD					Express <input checked="" type="checkbox"/>								
Suburb WALKER DRIVE EXT.		Suburb SOMERSET WEST.					With Sunrise Option								
City/Town PORT ELIZABETH Postal Code 6001		City/Town CAPE TOWN Postal Code 7100					With Saturday Service								
Contact KENE' NEWPELOT		Contact CLARICE BROWN					Public Holiday Service								
Phone 041 504 0011		Phone 021 851 7178					Economy								
Destination Country		Other (Please Specify)					After Hours								
South Africa <input checked="" type="checkbox"/>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/>					BLNS Customs Tariff								
Botswana <input type="checkbox"/>															
Sender's Reference 4113437979		Analysis Code					1. ONLINE <input type="checkbox"/>								
SPECIAL INSTRUCTIONS															
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender		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).															
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number						3. EFT <input type="checkbox"/>							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)					
1		1		33		28		8		3					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) J BENA O E						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Siphama Ndlo									
Date Received: 030718				Time Received: 0915				Date Received: 020718				Time Received: 1512			
Signature: <i>[Signature]</i>						Signature: <i>[Signature]</i>									

POD COPY

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