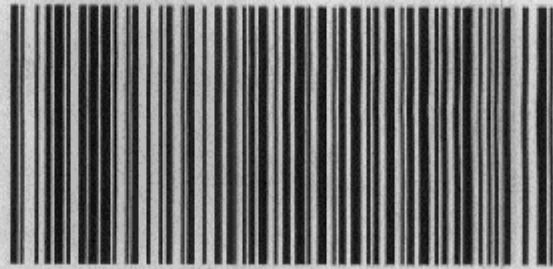


CONTRACT FOR CARRIAGE / DISPATCH NOTE

Springform 24cm



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



SUBBD25699995


Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required											
Company Name <u>LE CREUSET BAYNEST</u>		Company Name <u>LE CREUSET WAREHOUSE</u>					<input type="checkbox"/> Same Day											
Street Address <u>STEP LG43</u> <u>BAYNEST MALL</u> <u>NZ</u>		Street Address <u>UNIT 5, HERON PARK</u> <u>OLIVE GROVE, INDUSTRIAL ESTATE</u> <u>OLD PARRDEVLEI ROAD</u>																
Suburb <u>WALKER DRIVE EXT.</u>		Suburb <u>SOMERSET WEST</u>					<input type="checkbox"/> Express											
City/Town <u>P.E</u> Postal Code <u>6001</u>		City/Town <u>CAPE TOWN</u> Postal Code <u>7100</u>					<input type="checkbox"/> With Sunrise Option											
Contact <u>KENE NENFELDT.</u>		Contact <u>HELENA DAVIDS</u>					<input type="checkbox"/> With Saturday Service											
Phone <u>011 004 0011</u>		Phone <u>021 251 7178.</u>					<input type="checkbox"/> Public Holiday Service											
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input checked="" type="checkbox"/> Economy											
Sender's Reference <u>LIT 1</u>		Analysis Code					<input type="checkbox"/> After Hours											
<b>SPECIAL INSTRUCTIONS</b>																		
Bill Charges To Account No. <u>027766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	<input type="checkbox"/> 1. ONLINE											
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 12.6, 12.6 AND 12.7 OVERLEAF).																		
e-mail / Fax / Proof of Delivery <input type="checkbox"/>					e-mail Address / Fax Number		<input type="checkbox"/> 3. EFT											
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> <th>Total Mass (Kg)</th> </tr> </thead> <tbody> <tr> <td><u>1</u></td> <td></td> <td><u>27</u></td> <td><u>26</u></td> <td><u>37</u></td> <td></td> </tr> </tbody> </table>								Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	<u>1</u>		<u>27</u>	<u>26</u>	<u>37</u>
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)													
<u>1</u>		<u>27</u>	<u>26</u>	<u>37</u>														
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Nelson</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ANTONY</u>														
Date Received: <u>14 02 18</u>		Time Received: <u>09130</u>		Date Received: <u>13 02 18</u>		Time Received: <u>1530</u>												
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>														

POD COPY

Version Control (05/2016)

BLNS  
Customs  
Tariff  
2000

