

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



SUBBD25871454

ADDITIONAL	
TRACKING	
NUMBERS	

Sender's Details Company Name <u>LE CREUSET</u> Street Address <u>UNIT 7 OUDE HOEK</u> <u>CNR CHURCH & ANDRINGA STREET</u> <u>STELLENBOSCH</u> Suburb City / Town <u>CAPE TOWN</u> Postal Code <u>7140</u> Contact <u>CHERYL</u> Phone <u>021 300 3168</u>		Consignee's Details. Full Street Address Please Company Name <u>LE CREUSET TYGERVALLEY</u> Street Address <u>SHOP 513, UPPER LEVEL</u> <u>TYGERVALLEY CENTRE</u> <u>1311 DE ZUIDENHOUT ROAD</u> Suburb <u>BELVILLE</u> City / Town <u>CAPE TOWN</u> Postal Code <u>7530</u> Contact <u>LIZE-MARIE</u> Phone <u>021 914 7053</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT Total Mass (Kg)
Destination Country: South Africa, Botswana, Lesotho, Namibia, Swaziland, Other (Please Specify)		Analysis Code		
Sender's Reference <u>UTI9768969</u>				
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</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).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE <u>10/01/18</u>		
Total Parcels <u>1</u>	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	
HEIGHT (CM)				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ABIGAIL</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>		
Date Received: <u>110118</u>		Date Received: <u>100118</u>		
Time Received: <u>1157</u>		Time Received: <u>1300</u>		
Signature: <u>[Signature]</u>		Signature:		

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Version Control (06/2016)