

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 83, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD25926688


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name: <u>LE CREUSET MALL OF AFRI</u>		Company Name: <u>LE CREUSET</u>				<input type="checkbox"/> Same Day
Street Address: <u>SHOP 2040</u> <u>CNR ALLANDALE &amp;</u> <u>BEN SCHOEMAN HIGHWAY</u>		Street Address: <u>UNIT 5 HERON PARK</u> <u>OLIVE GROVE IND, ESTATE</u> <u>OLD PAARDEVELD ROAD</u>				<input type="checkbox"/> Express
Suburb: <u>WATERFALL ESTATE</u>		Suburb: <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option
City / Town: <u>JNB</u>	Postal Code: <u>2066</u>	City / Town: <u>SOMERSETWEST</u>	Postal Code: <u>7130</u>	<input type="checkbox"/> With Saturday Service		
Contact: <u>PHINDILE KHANGALE</u>		Contact: <u>JENNA FRANCI</u>				<input type="checkbox"/> Public Holiday Service
Phone: <u>011 568 2097</u>		Phone: <u>021 851 7178</u>				<input type="checkbox"/> Economy
Destination Country	<input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)

Sender's Reference: ASSESSMENT CASSEROLE Analysis Code: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**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 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).

*[Signature]*  
**SENDER'S AUTHORISED SIGNATURE**

16/07/18  
**DATE**

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

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

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>MASHOMO</u>	Total Mass (Kg)
Date Received: <u>19 07 18</u>	Date Received: <u>17 07 18</u>	
Time Received: <u>10 20</u>	Time Received: <u>14 20</u>	
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	