

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 1/2 DSV Distribution  
 PO Box 63, The Reads 0061  
 Tel: (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4290219873



SUBBD25926689


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>SHOP UA 30A</u> <u>CHRISTIAN DE WET ROAD</u>				<input type="checkbox"/> Express	
Suburb <u>WATERFALL ESTATE</u>		Suburb <u>JOHANNESBURG</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>JNB</u> Postal Code <u>2066</u>		City / Town <u>JNB</u> Postal Code <u>2001</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>PHINDILE KHANGALE</u>		Contact <u>LISA</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 568 2097</u>		Phone <u>011 475 1203</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)						<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <u>027766</u>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				<input type="checkbox"/> 1. ONLINE	
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).							
				<u>[Signature]</u>		DATE <u>16/07/18</u>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
1		1					
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>TSHOLO</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>MASHWANE</u>			
Date Received: <u>180718</u>		Time Received: <u>1320</u>		Date Received: <u>170718</u>		Time Received: <u>1420</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

Total Mass (Kg)

