

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 873-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD25979580

POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name <u>LE CREUSET</u>				Company Name <u>LE CREUSET HEAD OFFICE</u>				<input type="checkbox"/> Same Day			
Street Address <u>SHOP GISS LE CREUSET</u>				Street Address <u>LINITE, HEKON PARK</u>				<input type="checkbox"/> Express			
<u>GATEWAY THEATER OF SHOPPING</u>				<u>OLIVE GROVE INDUSTRIAL ESTATE</u>				<input type="checkbox"/> With Sunrise Option			
<u>1 PALM BOULEVARD, NEW TOWN</u>				<u>OLD PARDOUVEL ROAD</u>				<input type="checkbox"/> With Saturday Service			
Suburb <u>LIMHLANGA</u>				Suburb <u>SOMERSET PARK</u>				<input type="checkbox"/> Public Holiday Service			
City/Town <u>DURBAN</u>		Postal Code		City/Town <u>CAPE TOWN</u>		Postal Code <u>7129</u>		<input type="checkbox"/> Economy			
Contact <u>CASSANDRA</u>				Contact <u>LISA HR</u>				<input type="checkbox"/> After Hours			
Phone <u>031 100 1239</u>				Phone <u>021 5511178</u>				<input type="checkbox"/> BLNS Customs Tariff			
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"/> 1. ONLINE		<input type="checkbox"/> 3. EFT			
Sender's Reference <u>07 11 6 22 4 2 1</u>		Analysis Code									
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. <input type="checkbox"/>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>					
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 AUTHORIZED SIGNATURE		DATE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)	
<u>1</u>		<u>Flyer</u>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>L1 SACARMEN</u>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>SICETO</u>					
Date Received: <u>290318</u>			Time Received: <u>0927</u>			Date Received: <u>270318</u>			Time Received: <u>1248</u>		
Signature: <u>Carole</u>						Signature: <u>[Signature]</u>					

Version Control (06/2018)