

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



SUBBD26095938


<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <b>LE CREUSET</b>				Company Name <b>Le Creuset</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP 105 GARDEN ROUTE MALL N2 HIGHWAY &amp; KNYSNA RD GEORGE</b>				Street Address <b>Unit 5, Heron Park, Olive Grove Industrial Est, Old Paarde- Vlei Road</b>				<input checked="" type="checkbox"/> Express	
Suburb				Suburb <b>Somerset West</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>GEORGE (GR)</b>		Postal Code <b>6546</b>		City / Town <b>Cape Town</b>		Postal Code <b>8001</b>		<input type="checkbox"/> With Saturday Service	
Contact <b>ELZANNE</b>				Contact <b>Jacqueline Benade</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>044 004 0112</b>				Phone <b>021 851 7178</b>				<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		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference				Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other <input type="checkbox"/> (Name Please)		<input type="checkbox"/> 3. EFT	
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).									
				<b>SENDER'S AUTHORISED SIGNATURE</b>				<b>DATE</b> <b>01-2-18</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number				<b>Total Mass (Kg)</b>	
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
<input type="text" value="1"/>		<b>1 x Flyer bag</b>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>J B E N A D E</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
Date Received: <b>020218</b>					Date Received: <b>010218</b>				
Time Received: <b>0950</b>					Time Received: <b>1515</b>				
Signature: <b>Benade</b>					Signature: <b>[Signature]</b>				

POD COPY

Version Control (06/2016)