

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0081  
Tel (012) 673-2000  
Reg. No. 2004/01575707  
VAT Reg. No. 4280213873



SUBBD26398875


Sender's Details		Consignee's Details. Full Street Address Please					
Company Name: <u>AVALON TECH GROUP</u>		Company Name: <u>LE CREUSET MENLYN MAINE</u>					
Street Address: <u>UNIT 13 4TH FLOOR TYGERVALLEY CHAMBERS 2 27 WILLIE VAN SCHORER AVE.</u>		Street Address: <u>SHOP 12 MENLYN MAINE CENTRAL SQUARE, JANUARY MASIKELA DRIVE &amp; AMARAND AVENUE</u>					
Suburb: <u>BELLVILLE</u>		Suburb: <u>WATERKLOOF EXT. 2</u>					
City / Town: <u>CPT</u>	Postal Code: <u>7530</u>	City / Town: <u>PRETORIA</u>	Postal Code: <u>0181</u>				
Contact: <u>PIETER</u>		Contact: <u>MITCHELL</u>					
Phone: <u>021 300 1777</u>		Phone: <u>012 004 0082</u>					
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		Analysis Code					

Mark Service Required

Same Day

Express

With Sunrise Optis

With Saturday Serv

Public Holiday Serv

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

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 THE 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.)

SENDER'S AUTHORISED SIGNATURE

DATE

16/02/2018

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>				

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)

MIKIWE

Date Received: 200218 Time Received: 1202

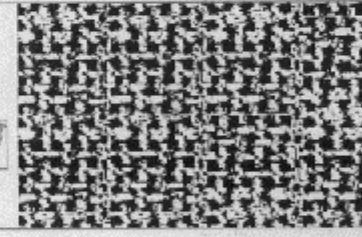
Signature: [Signature]

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)

[Signature]

Date Received: 160218 Time Received: 2050

Signature: [Signature]



Total Mass (kg)

POD COPY