

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



SUBBD26435444


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET MALL OF THE SHOP G062</b>		Company Name <b>Le Creuset</b>				<input type="checkbox"/> Same Day	
Street Address <b>MALL OF THE SOUTH</b>		Street Address <b>unit 5 Heron</b>				<input checked="" type="checkbox"/> <del>Express</del>	
Street Address <b>KLIPRUIER DRIVE &amp; SWARTKOPPI</b>		Street Address <b>Part Old Paardvlei road.</b>				<input type="checkbox"/> With Sunrise Option	
Suburb <b>ASPEN HILLS-JHB</b>		Suburb <b>Somerset West</b>				<input type="checkbox"/> With Saturday Service	
City / Town <b>JNB</b> Postal Code		City / Town <b>Cape town</b> Postal Code <b>8001</b>				<input type="checkbox"/> Public Holiday Service	
Contact <b>LULO NONOISE</b>		Contact <b>VICKY</b>				<input type="checkbox"/> Economy	
Phone <b>010 500 0223</b>		Phone <b>021 881 7178</b>				<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		Lesotho	
Destination Country		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <b>uti 991 6793</b>		Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>						1. ONLINE <input type="checkbox"/>	
Bill Charges To Account No. <b>027766</b>		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		3. EFT <input type="checkbox"/>	
		Other (Name Please) <input type="checkbox"/>		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)						SENDER'S AUTHORIZED SIGNATURE <i>Didid</i> DATE <b>16/01/2018</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				Total Mass (Kg)	
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<b>HEIGHT (CM)</b>							
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>A DE BEEB</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>OSCAR</b>			
Date Received: <b>17 01 18</b>		Time Received: <b>09 30</b>		Date Received: <b>16 01 18</b>		Time Received: <b>14 30</b>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control (06/2018)