

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 U/a DSV Distribution
 PO Box 63, The Reads 0361
 Tel: (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213673



SUBBD26508529

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>LE CREUSET S.A</u>		Company Name <u>LECREUSET CENTURION</u>					<input type="checkbox"/> Same Day	
Street Address <u>SHOP 267 WOODHALL</u>		Street Address <u>SHOP 321E CENTURION</u>					<input type="checkbox"/> Express	
<u>INDS. BOULEVARD, CNR</u>		<u>MALL</u>					<input type="checkbox"/> With Sunrise Option	
<u>GARSFONTEIN BOAVILLEBOIS</u>		<u>HEULWEL AVENUE</u>					<input type="checkbox"/> With Saturday Service	
Suburb <u>MOBELETA PARK</u>		Suburb <u>CENTURION</u>					<input type="checkbox"/> Public Holiday Service	
City/Town <u>PRETORIA</u> Postal Code <u>0002</u>		City/Town <u>PRETORIA</u> Postal Code <u>0157</u>					<input checked="" type="checkbox"/> Economy	
Contact <u>MARISKA</u>		Contact <u>EURIKA</u>					After Hours	
Phone <u>012 997 3777</u>		Phone <u>012 904 0217</u>					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)	
Sender's Reference <u>UT14061344</u>		Analysis Code						
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <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).								
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number				
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)		
<u>1</u>		<u>2 BOX</u>						
Goods received in full without damage (unless endorsed)				Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) <u>KOKETSO</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>Thabane</u>				
Date Received: <u>020818</u>		Time Received: <u>1226</u>		Date Received: <u>020818</u>		Time Received: <u>16</u>		
Signature:				Signature:				

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