

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reeds 0081
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD26508680

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le creuset S.A</u>		Company Name <u>Le CREUSET S.A</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 267 Woodlands Boulevard, Cir Garsfontein & De villebois</u>		Street Address <u>UNIT 5, Heron Park Olive Grove, Industrial Estate Paardevlei Road</u>				<input type="checkbox"/> Express	
Suburb <u>MORELETA PARK</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <u>PRETORIA</u> Postal Code <u>0002</u>		City/Town <u>CAPE TOWN</u> Postal Code <u>7200</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>MARISA</u>		Contact <u>HELENA</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>012 997 3777</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa <input checked="" type="checkbox"/>		Botswana Lesotho Namibia Swaziland Other				BLNS Customs Tariff	
Sender's Reference <u>UTJ0544193</u>		Analysis Code				1. ONLINE <input type="checkbox"/>	
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 280.00 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)		1		BOX			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Neval</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>			
Date Received: <u>14 02 18</u>		Time Received: <u>09:30</u>		Date Received: <u>12 02 18</u>		Time Received: <u>16:00</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
						Total Mass (Kg)	

POD COPY

Version Control (06/2016)