

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



SUBBD26508691


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le creuset Woodlands</u>		Company Name <u>Le creuset S.A</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 267 Woodlands Boulevard, Cnr Garfontein &amp; De Villebois</u>		Street Address <u>Unit 5 Heron Park Olive Grove, Industrial Estate Paardevlei Road</u>				<input checked="" 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>MARISKA</u>		Contact <u>VICKY</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>012 997 3777</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
<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		Analysis Code				<input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff	
Sender's Reference <u>UT19907625</u>						<input type="checkbox"/> 1. ONLINE  <input type="checkbox"/> 3. EFT	
<b>SPECIAL INSTRUCTIONS</b>							
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 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			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<input type="text" value="1"/>		<u>1 FLYER</u>					
<b>HEIGHT (CM)</b>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>VICKY</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>			
Date Received: <u>17/01/18</u>		Time Received: <u>13:14</u>		Date Received: <u>16/01/18</u>		Time Received: <u>16:00</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
Total Mass (Kg)							

POD COPY

Version Control (05/2016)