

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV-Read (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD26681996

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le creuset Ballito</u>		Company Name <u>LE CREUSET CAPE TOWN</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 224, Leonora drive, Ballito DOLPHIN COAST</u>		Street Address <u>UNIT 15 HERON PARK OLIVE GROVE INDUSTRIAL EST OLD PAARDEVELI</u>				<input type="checkbox"/> Express	
Suburb <u>Durban</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>DUR</u> Postal Code		City / Town <u>CAPE TOWN</u> Postal Code				<input type="checkbox"/> With Saturday Service	
Contact <u>SONITHA</u>		Contact <u>HELENA DAVIDS</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>032 004 0138</u>		Phone <u>021 - 8517178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				After Hours	
South Africa <input checked="" type="checkbox"/> Botswana		Lesotho Namibia Swaziland Other				BLNS Customs Tariff	
Sender's Reference <u>U T I 1 8 8 7 4 5 5</u>		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No.		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 14.14 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 14.5 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 14.5, 14.6 AND 14.7 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)	
1		x Box					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ELVINO</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>LIZZI</u>			
Date Received: <u>130418</u>		Time Received: <u>0920</u>		Date Received: <u>110418</u>		Time Received: <u>1630</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
						Total Mass (Kg)	

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