

**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



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



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| Sender's Details  |  | Consignee's Details. Full Street Address Please     |  |                                    |  |  |  | Mark Service Required                           |  |
|---|--|---|--|------------------------------------|--|--|--|---|--|
| Company Name <b>LE CREUSET SHOP UM30A</b>   |  | Company Name <b>LECREUSET</b>                       |  |                                    |  |  |  | <input type="checkbox"/> Same Day               |  |
| Street Address <b>CLEARWATER MALL</b>   |  | Street Address <b>UNIT 5 HERON PARK</b>             |  |                                    |  |  |  | <input type="checkbox"/> Express                |  |
| Street Address <b>CHRISTIAN DE WET ROAD</b>   |  | Street Address <b>OLIVE GROVE INDUSTRIAL ESTATE</b> |  |                                    |  |  |  | <input type="checkbox"/> With Sunrise Option    |  |
| Suburb <b>JOHANNESBURG</b>  |  | Suburb <b>SOMERSET WEST</b>                         |  |                                    |  |  |  | <input type="checkbox"/> With Saturday Service  |  |
| City / Town <b>JNB</b> Postal Code <b>2001</b>  |  | City / Town <b>CAPETOWN</b> Postal Code             |  |                                    |  |  |  | <input type="checkbox"/> Public Holiday Service |  |
| Contact <b>LISA</b>   |  | Contact <b>HELENA</b>                               |  |                                    |  |  |  | <input checked="" type="checkbox"/> Economy     |  |
| Phone <b>011 475 1202</b>   |  | Phone <b>021 851 7173</b>                           |  |                                    |  |  |  | <input type="checkbox"/> After Hours            |  |
| Destination Country   |  | South Africa  |  | Botswana                           |  | Lesotho                                      |  | Namibia   |  |
|   |  | <input checked="" type="checkbox"/>                 |  |                                    |  |  |  |   |  |
| Sender's Reference <b>UT10175344</b>  |  | Analysis Code                                       |  |                                    |  |  |  |   |  |
| <b>SPECIAL INSTRUCTIONS</b>   |  |   |  |                                    |  |  |  |   |  |
| Bill Charges To Account No. <b>027766</b>   |  | Bill To Sender <input checked="" type="checkbox"/>  |  | Consignee <input type="checkbox"/> |  | Other (Name Please) <input type="checkbox"/> |  | BLNS Customs Tariff                             |  |
| 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). |  |   |  |                                    |  |  |  |   |  |
| SENDER'S AUTHORIZED SIGNATURE   |  |   |  |                                    |  | DATE <b>26/01/2018</b>                       |  | Total Mass (Kg)                                 |  |
| 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>                            |  | <b>HEIGHT (CM)</b>                              |  |
| <input type="checkbox"/>  |  |   |  |                                    |  |  |  |   |  |
| <b>Goods received in full without damage (unless endorsed)</b>  |  |   |  |                                    | <b>Received By DSV</b>                 |  |  |   |  |
| Name Of Receiver (PLEASE PRINT CLEARLY)   |  |   |  |                                    | Name Of Courier (PLEASE PRINT CLEARLY) |  |  |   |  |
| <b>ELUINA</b>   |  |   |  |                                    | <b>SL</b>                              |  |  |   |  |
| Date Received:  |  |   |  |                                    | Date Received:                         |  |  |   |  |
| <b>29 01 18</b>   |  |   |  |                                    | <b>26 01 18</b>                        |  |  |   |  |
| Time Received:  |  |   |  |                                    | Time Received:                         |  |  |   |  |
| <b>0940</b>   |  |   |  |                                    | <b>1417</b>                            |  |  |   |  |
| Signature:  |  |   |  |                                    | Signature:                             |  |  |   |  |

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