

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



SUBBD26760642

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name: LE CREUSET	Company Name: LE CREUSET	Street Address: SHOP 12 MENLYN CNR JANUARY	Street Address: MASILELA AND ARAMIST DR
Street Address: CLEARWATER MALL	Suburb: WATERKLOOF	Suburb: EIT 2 PRETORIA	Suburb: EIT 2 PRETORIA
Street Address: CHRISTIAN DE WET ROAD	City/Town: JHB	City/Town: JHB	City/Town: JHB
Suburb: JOHANNESBURG	Postal Code: 2001	Postal Code: 0181	Postal Code: 0181
Contact: LISA	Contact: AUTOVETTE	Contact: AUTOVETTE	Contact: AUTOVETTE
Phone: 011 475 1202	Phone: 012 004 0082	Phone: 012 004 0082	Phone: 012 004 0082

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: **UT11457933**

SPECIAL INSTRUCTIONS

Bill To: Sender Consignee Other (Name Please)

To Account No: **027766**

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 Authorised Signature: *[Signature]* DATE: **19/03/18**

LE CREUSET MENLYN MAINE

CO. REG.: 1997/021366/07

VAT: 4160178069

TEL: 012 004 0082

Length (CM): _____ Width (CM): _____ Height (CM): _____

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **OIREB09EMG**

Date Received: **200318** Time Received: **1125**

Name Of Receiver: *[Signature]* Date Received: **190318** Time Received: **1450**

Signature: *[Signature]* Signature: *[Signature]*

POD COPY

Version Control (08/2017)

