

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



SUBBD26760678

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET SHOP UM30A		Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address CLEARWATER MALL		Street Address UNIC S HERON PARK				<input type="checkbox"/> Express	
CHRISTIAN DE WET ROAD		OLIVE GROVE INDUSTRIAL ESTATE				<input type="checkbox"/> With Sunrise Option	
Suburb JOHANNESBURG		Suburb SOMERSET WEST				<input type="checkbox"/> With Saturday Service	
City/Town JNB Postal Code 2001		City/Town CAPE TOWN		Postal Code 7200		<input type="checkbox"/> Public Holiday Service	
Contact LISA		Contact FRANCO				<input checked="" type="checkbox"/> Economy	
Phone 011 475 1202		Phone 021 851 7178				<input type="checkbox"/> After Hours	
Destination Country <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 Customs Tariff	
Sender's Reference UT11652690						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. 027766		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				Total Mass (Kg)	
<p>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).</p>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE <i>LRilly</i>		DATE 28/03/18	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<input type="checkbox"/>		10 24		10 24		10 24	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) ERWINO				Name Of Courier (PLEASE PRINT CLEARLY) G... ..			
Date Received: 030418		Time Received: 0945		Date Received: 200318		Time Received: 1630	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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