

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



SUBBD26760685

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required													
Company Name LE CREUSET SHOP UM30A		Company Name LECREUSET TYGERVALE						<input type="checkbox"/> Same Day													
Street Address CLEARWATER MALL		Street Address SHOP 513 UPPER LEVEL TYGERVALE CENTRE						<input type="checkbox"/> Express													
Suburb JOHANNESBURG		Suburb BELLEVILLE						<input type="checkbox"/> With Sunrise Option													
City / Town JNB Postal Code 2001		City / Town CAPETOWN Postal Code						<input type="checkbox"/> With Saturday Service													
Contact LISA		Contact						<input type="checkbox"/> Public Holiday Service													
Phone 011 475 1202		Phone 021 914 7053						<input checked="" type="checkbox"/> Ecoonly													
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		<input type="checkbox"/> After Hours													
Namibia		Swaziland		Other (Please Specify)		BLNS Customs Tariff															
Sender's Reference UTI		Analysis Code						1. ONLINE <input type="checkbox"/>													
SPECIAL INSTRUCTIONS																					
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <input type="checkbox"/>													
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, 14.8 AND 14.7 OVERLEAF).																					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number															
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> <th>Total Mass (Kg)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Box</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	1	Box				
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)																
1	Box																				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) JENNIFER					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Edwards																
Date Received: 12 03 18		Time Received: 14h45			Date Received: 08 03 18		Time Received: 1319														
Signature: [Signature]					Signature: [Signature]																

POD COPY

Vandal Control (03/2017)