

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD26760689

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 UNIT 5 HERON PARK	<input checked="" type="checkbox"/> Express
CHRISTIAN DE WET ROAD	OLIVE GROOVE 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 CAPETOWN Postal Code 7200	<input type="checkbox"/> Public Holiday Service
Contact LISA	Contact VICKY	<input type="checkbox"/> Economy
Phone 011 475 1202	Phone 021 251 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 (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff
Sender's Reference 4T10705556	Analysis Code	<input type="checkbox"/> 1. ONLINE
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		<input type="checkbox"/> 3. EFT
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).		Total Mass (Kg)
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)
		HEIGHT (CM)
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) J BENADE		
Date Received: 200218	Time Received: 0858	
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Elias		
Date Received: 190718	Time Received: 1404	
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	

POD COPY

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