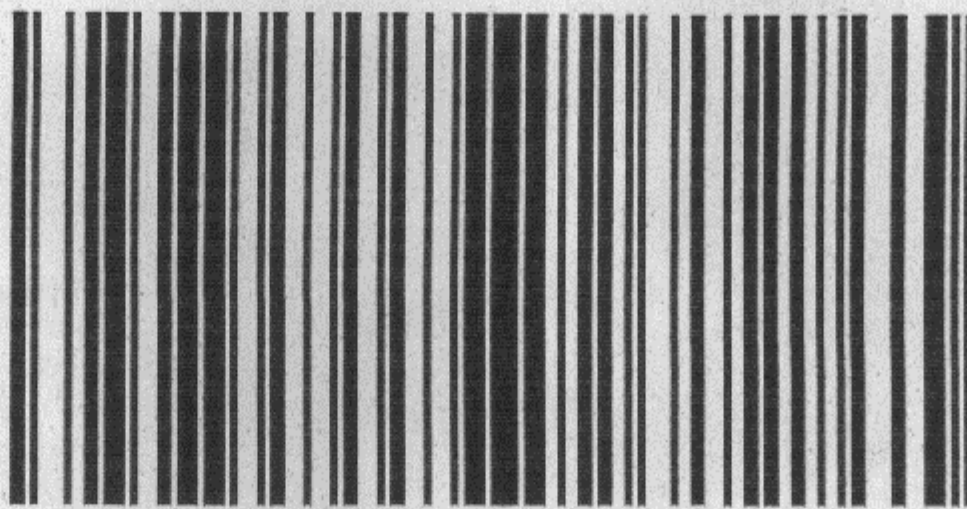


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26760700

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 LE CREUSET						<input type="checkbox"/> Same Day	
Street Address CLEARWATER MALL		Street Address LINI 5 HERON PARK						<input type="checkbox"/> Express	
Street Address CHRISTIAN DE WET ROAD		Street Address OLIVE GROOVE INDUSTRIAL ESTATE						<input type="checkbox"/> With Sunrise Option	
Street Address JOHANNESBURG		Street Address OLD PAARDEVELD ROAD						<input type="checkbox"/> With Saturday Service	
Suburb JOHANNESBURG		Suburb SOMERSET WEST						<input type="checkbox"/> Public Holiday Service	
City / Town JNB Postal Code 2001		City / Town CAPE TOWN Postal Code 7200						<input checked="" type="checkbox"/> Economy	
Contact LISA		Contact LAUREN						<input type="checkbox"/> After Hours	
Phone 011 475 1202		Phone 021 851 7178						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)		
Sender's Reference UT19643888		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
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).									
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) JENNA					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) TSHEPO				
Date Received: 04/01/18					Date Received: 02/01/18				
Time Received: 0830					Time Received: 1300				
Signature:					Signature:				

POD COPY

Version Control (08/2017)

Total Mass (Kg)

