

**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



SUBBD26769019

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|---|--|--|--|--|--------------------|--|-------------------|-------------------------------|---|---------------------------------|--|
| <b>Sender's Details</b>   |  |  | <b>Consignee's Details. Full Street Address Please</b> |  |                    |  |                   |                               | <b>Mark Service Required</b>                    |                                 |  |
| Company Name: <b>Le Creuset</b>   |  |  | Company Name: <b>LE CREUSET</b>                        |  |                    |  |                   |                               | <input type="checkbox"/> Same Day               |                                 |  |
| Street Address: <b>90 William Cambell drive, sho</b>  |  |  | Street Address: <b>UNIT 5 HERON PARK</b>               |  |                    |  |                   |                               | <input checked="" type="checkbox"/> Express     |                                 |  |
| City/Town: <b>La Lucia</b>  |  |  | City/Town: <b>OLIVE GROVE BUSINESS</b>                 |  |                    |  |                   |                               | <input type="checkbox"/> With Sunrise Option    |                                 |  |
| Suburb: <b>Umhlanga</b>   |  |  | Suburb: <b>OLD PAARDEVELI ROAD</b>                     |  |                    |  |                   |                               | <input type="checkbox"/> With Saturday Service  |                                 |  |
| Postal Code: <b>4000</b>  |  |  | Postal Code: <b>7130</b>                               |  |                    |  |                   |                               | <input type="checkbox"/> Public Holiday Service |                                 |  |
| Contact: <b>SONITHA</b>   |  |  | Contact: <b>VICKY</b>                                  |  |                    |  |                   |                               | <input type="checkbox"/> Economy                |                                 |  |
| Phone: <b>031-5725045</b>   |  |  | Phone: <b>021 8517178</b>                              |  |                    |  |                   |                               | <input type="checkbox"/> After Hours            |                                 |  |
| Destination Country: <b>South Africa</b>  |  |  | Destination Country: <b>South Africa</b>               |  |                    |  |                   |                               | <input type="checkbox"/> BLNS Customs Tariff    |                                 |  |
| Sender's Reference: <b>UT15319206</b>   |  |  | Analysis Code: <b>✓</b>                                |  |                    |  |                   |                               | <input type="checkbox"/> 1. ONLINE              |                                 |  |
| <b>SPECIAL INSTRUCTIONS</b><br>Bill Charges To Account No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/><br>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).<br>027766<br>If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges. |  |  |  |  |                    |  |                   |                               |   |                                 |  |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/>   |  |  | e-mail Address / Fax Number                            |  |                    |  |                   |                               |   | <input type="checkbox"/> 3. EFT |  |
| <b>Total Parcels</b>  |  |  | <b>NO. OF PARCELS PER DIMENSIONS</b>                   |  | <b>LENGTH (CM)</b> |  | <b>WIDTH (CM)</b> |                               | <b>HEIGHT (CM)</b>                              |                                 |  |
| <input checked="" type="checkbox"/>   |  |  | 1  |  | FLYER              |  |                   |                               |   |                                 |  |
| Goods received in full without damage (unless endorsed)<br>Name Of Receiver (PLEASE PRINT CLEARLY)<br><b>Cerfsa</b>   |  |  |  |  |                    | Received By DSV<br>Name Of Courier (PLEASE PRINT CLEARLY)<br><b>MATHEW</b> |                   |                               |   |                                 |  |
| Date Received:<br><b>021118</b>   |  |  | Time Received:<br><b>1004</b>                          |  |                    | Date Received:<br><b>011118</b>  |                   | Time Received:<br><b>1459</b> |   |                                 |  |
| Signature: <b>CAKente</b>   |  |  |  |  |                    | Signature:   |                   |                               |   |                                 |  |
| Total Mass (Kg) <span style="float: right;">_____</span>  |  |  |  |  |                    |  |                   |                               |   |                                 |  |

Version Control (08/2017)