

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



SUBBD26769061

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<b>Sender's Details</b> Company Name: <b>Le Creuset</b> Street Address: <b>90 William Cambell drive, sho</b> <b>La Lucia</b> <b>Umhlanga</b> Suburb: City / Town: <b>DUR</b> Postal Code: <b>4000</b> Contact: <b>Bill McIntosh/Marion</b> Phone: <b>0315725045</b>			<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>LE CREUSET PAVILION</b> Street Address: <b>SHOP UL 262</b> <b>PAVILION SHOPPING CENTRE,</b> <b>JACK MARTINS DRIVE</b> Suburb: <b>WESTVILLE</b> City / Town: <b>DURBAN</b> Postal Code: <b>4000</b> Contact: <b>DASHREE</b> Phone: <b>031-265 8455</b>			Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff 1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/> Total Mass (K)
Destination Country: <b>South Africa</b>   <b>Botswana</b>   Lesotho   Namibia   Swaziland   Other (Please specify)			Analysis Code			
Sender's Reference: <b>UT 1385043</b>						
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <input type="checkbox"/> Bill To Sender <input type="checkbox"/> Consignee Other (Third Party) <input type="checkbox"/> If Consignee Or Other (Third Party) Bill To Sender, Bill To Consignee Or Other (Third Party) Bill To Sender.						
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: <b>EMAIL: pavilion.store.za@lecreuset.com</b>						
Total Parcels: <b>1</b>		NO. OF PARCELS PER DIMENSIONS: <b>BOX</b>		LENGTH (CM)   WIDTH (CM)   HEIGHT (CM)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>TRISWA</b>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <b>Gerald</b>			
Date Received: <b>270618</b>		Time Received: <b>1015</b>		Date Received: <b>260618</b>   Time Received: <b>1430</b>		
Signature: <i>[Signature]</i>			Signature: <i>[Signature]</i>			

POD COPY

Version Covered: 08/2017

