

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



SUBBD26769066

2 2 2 E E E 2 2 2

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name Le Creuset	Company Name LE CREUSET CPT	Street Address 90 William Cambell drive, sho	Street Address UNIT 01 HERON PARK OLD PAARDEURU ROAD OLD PAARDEURU ROAD
City/Town La Lucia	City/Town SOMERSET WEST	Suburb Umhlanga	Suburb SOMERSET WEST
City/Town DUR	City/Town CAPE TOWN	Postal Code 4000	Postal Code 8000
Contact Bill McIntosh/Marion	Contact JENNA	Phone 0315725045	Phone 021 8577170

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

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	URI 2886857		Analysis Code			

SPECIAL INSTRUCTIONS
7559

Bill Charges To Account No.	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>
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027766 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).

SENDER'S AUTHORISED SIGNATURE *[Signature]* **DATE** **12/06/2018**

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

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)
1	Box			

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
BASIL

Date Received: **150618** Time Received: **0944**

Signature: *[Signature]*

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
WATKINS

Date Received: **130618** Time Received: **1440**

Signature: *[Signature]*

