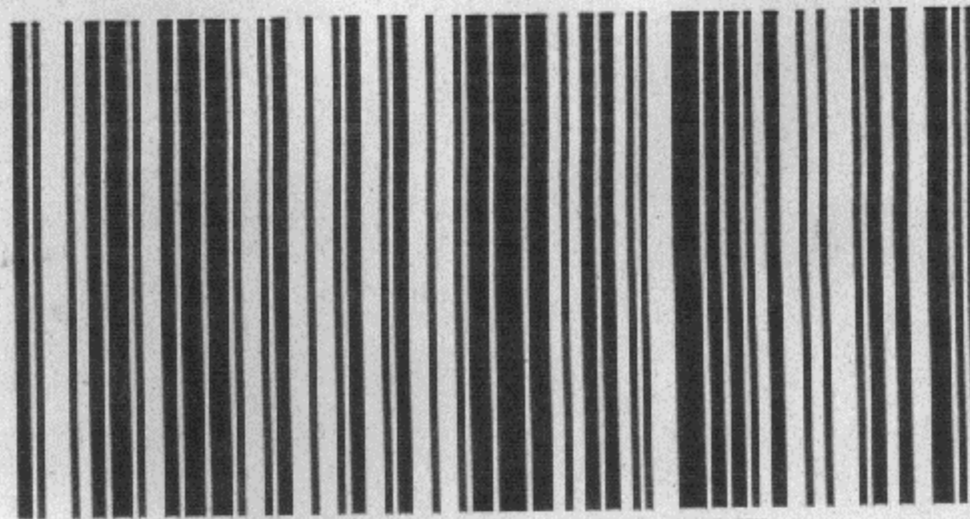


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD26769107

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		Company Name: LE CREUSET CPT				<input type="checkbox"/> Same Day	
Street Address: 90 William Cambell drive, sho		Street Address: UNIT 01 HERON PARK				<input type="checkbox"/> Express	
City/Town: La Lucia		City/Town: OLIVE GROVE IND ESTATE				<input type="checkbox"/> With Sunrise Option	
Suburb: Umhlanga		Suburb: OLD PAARDEUIEJ ROAD				<input type="checkbox"/> With Saturday Service	
City/Town: DUR Postal Code: 4000		City/Town: CAPE TOWN Postal Code: 8000				<input type="checkbox"/> Public Holiday Service	
Contact: Bill McIntosh/Marion		Contact: JENNA				<input checked="" type="checkbox"/> Economy	
Phone: 0315725045		Phone: 021 8517178				<input type="checkbox"/> After Hours	
Destination Country: <input 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: UTI 9636059		Analysis Code				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <input type="checkbox"/>		Bill To <input 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.			
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)	
1		BOX					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): Mason				Name Of Courier (PLEASE PRINT CLEARLY): MATHU			
Date Received: 040118		Time Received: 09H30		Date Received: 291217		Time Received: 1210	
Signature: [Signature]				Signature: [Signature]			

POD COPY

Version Control (08/2017)

29/12/2017

Total Mass (Kg)

