

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



SUBBD26815463

2 2 2 E E E 2 2 2

Sender's Details

Company Name: Le Creuset

Street Address: 90 William Cambell drive, sho

La Lucia

Umhlanga

Suburb: _____

City / Town: DUR Postal Code: 4000

Contact: Bill McIntosh/Marion

Phone: 0315725045

Consignee's Details. Full Street Address Please

Company Name: Le Creuset CPT

Street Address: Unit 5, Heron Park

Olive Grove Industrial Estate

old Paardevlei Road

Somerset west

Suburb: _____

City / Town: Cape Town Postal Code: _____

Contact: ATT: Jenna

Phone: 021-8517178

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

POD COPY

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other

Sender's Reference: UTJ

SPECIAL INSTRUCTIONS

Bill Charges To Account No. _____

Bill To Sender Consignee Other (Name Please)

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).

(A)

19/02/2018

SENDER'S AUTHORISED SIGNATURE

DATE

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number _____

Total Parcels NO. OF PARCELS PER DIMENSIONS

1 BOX

LENGTH (CM) _____ WIDTH (CM) _____ HEIGHT (CM) _____

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) _____

Nelson

Date Received: 210218

Time Received: 09130

Signature: (Signature)

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) _____

MATHEW

Date Received: 190218

Time Received: 1520

Signature: (Signature)

Version Control (08/2017)