

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



SUBBD26815490

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 5, Heron Park						<input type="checkbox"/> Express											
La Lucia		olive Grove Industrial						<input type="checkbox"/> With Sunrise Option											
Umhlanga		Estate, old Paardevlei Road						<input type="checkbox"/> With Saturday Service											
Suburb:		Somerset west						<input checked="" type="checkbox"/> Economy											
City / Town: DUR Postal Code: 4000		City / Town: Cape Town Postal Code:						<input type="checkbox"/> After Hours											
Contact: Bill McIntosh/Marion		Contact: ATT: Jenna						<input type="checkbox"/> BLNS Customs Tariff											
Phone: 0315725045		Phone: 021-8577178						<input type="checkbox"/> 1. ONLINE											
Destination Country: South Africa		Other (Please Specify):						<input type="checkbox"/> 3. EFT											
Sender's Reference: 4TZ 2226060		Analysis Code:						Total Mass (Kg)											
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).																			
SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i> DATE: 26/04/2018																			
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number																			
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>BOX</td> <td></td> <td></td> </tr> </tbody> </table>										Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	1	1	BOX		
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)															
1	1	BOX																	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): ECU/NO Date Received: 200418 Time Received: 1010 Signature: <i>[Signature]</i>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): Gerald Date Received: 260418 Time Received: 1430 Signature: <i>[Signature]</i>														

POD COPY

Version Control (08/2017)