

**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



SUBBD26876228

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SUBHT1661654					

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required		
Company Name <b>LE CREUSET HOBART GROVE</b>		Company Name <b>LE CREUSET RUSTENBURG</b>					<input type="checkbox"/> Same Day		
Street Address <b>SHOP G1</b>		Street Address <b>SHOP 101 WATERFALL MALL</b>					<input type="checkbox"/> Express		
<b>CNR HOBART &amp; GROSVENOR ROADS</b>		<b>AUGRABIES AVENUE</b>					<input type="checkbox"/> With Sunrise Option		
Suburb <b>BRYANSTON</b>		Suburb <b>RUSTENBURG</b>					<input type="checkbox"/> With Saturday Service		
City / Town <b>JNB</b> Postal Code <b>2021</b>		City / Town <b>[REDACTED]</b> Postal Code <b>0299</b>					<input type="checkbox"/> Public Holiday Service		
Contact		Contact <b>LERATO</b>					<input checked="" type="checkbox"/> Economy		
Phone <b>011 568 4708</b>		Phone <b>014 537 2279</b>					<input type="checkbox"/> After Hours		
Destination Country		<input checked="" 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)					BLNS Customs Tariff		
Sender's Reference <b>UT12787697</b>		Analysis Code					1. ONLINE <input type="checkbox"/>		
<b>SPECIAL INSTRUCTIONS</b>		Bill Charges To Account No. <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender                    Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					3. EFT <input type="checkbox"/>		
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).		SFA <b>06/06/2018</b> SENDER'S AUTHORISED SIGNATURE    DATE					Total Mass (Kg)		
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)	
<b>2</b>		<b>Two parcels</b>							
Goods received in full without damage (unless endorsed)				Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)					
<b>LERATO</b>				<b>PI/MI</b>					
Date Received:		Time Received:		Date Received:		Time Received:			
<b>070718</b>		<b>HHMM</b>		<b>060618</b>		<b>1415</b>			
Signature: <b>[Signature]</b>				Signature: <b>[Signature]</b>					

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Version Control (08/2017)