

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0051  
Tel (012) 673-2000  
Reg. No. 2000/015342/07  
VAT No. 4880189685



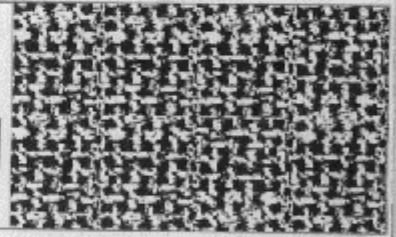
SUBBD26876245

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <b>LE CREUSET</b> <b>HOBART GROVE</b>		Company Name: <b>Shop Fall of Africa</b>						<input type="checkbox"/> Some Day	
Street Address: <b>SHOP G1</b>		Street Address: <b>Shop 2040</b>						<input checked="" type="checkbox"/> Express	
<b>CNR HOBART &amp; GROSVENOR ROADS</b>		<b>C/o Ben Schoeman Allendale</b>						<input type="checkbox"/> With Sunrise Option	
Suburb: <b>BRYANSTON</b>		<b>Waterfall Estate</b>						<input type="checkbox"/> With Saturday Service	
City/Town: <b>JNB</b>	Postal Code: <b>2021</b>	City/Town: <b>JHB</b>						<input type="checkbox"/> Public Holiday Service	
Contact: _____		Contact: <b>Phindi</b>						<input type="checkbox"/> Economy	
Phone: <b>011 568 4708</b>		Phone: <b>011 568 2097</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	
Sender's Reference: <b>UT13 774044</b>		Analysis Code: _____						<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
<p><small>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 200.00 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).</small></p>									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number _____			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Tshidi</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>CS/MS</b>				
Date Received: <b>06 06 18</b>		Time Received: <b>12 05</b>			Date Received: <b>05 06 18</b>		Time Received: <b>15 00</b>		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

Total Mass (Kg)



Version Control (11/03/17)