

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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. 4880189585



SUBBD26876251

Sender's Details	Consignee's Details. Full Street Address Please	Mark Service Required																																								
Company Name: LE CREUSET Street Address: HOBART GROVE SHOP G1 CNR HOBART & GROSVENOR ROADS Suburb: BRYANSTON City / Town: JNB Postal Code: 2021 Contact: Phone: 011 568 4708	Company Name: Le Creuset Hyde Park Street Address: Shop 71 Upper Mall Hyde Park Suburb: Jon Smuts Avenue City / Town: JHB Postal Code: Contact: Patricia Phone:	<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff																																								
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)																																										
Sender's Reference: <table border="1" style="width:100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Analysis Code: <table border="1" style="width:100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																										
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" 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 AUTHORISED SIGNATURE: Crundel DATE: 16/05/18																																										
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <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 style="text-align: center; vertical-align: middle;">1</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	1																																		
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1																																										
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): PATRICIA Date Received: 17/05/18 Time Received: 0948 Signature: <i>[Signature]</i>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): Silva Date Received: 16/05/18 Time Received: 1140 Signature: <i>[Signature]</i>																																								

POD COPY

Version Control (05/2017)

