

**CONTRACT FOR CARRIAGE / DISPATCH NOTE**



SUBBD26876271

2 2 2 E E E 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. 4880189685


**Sender's Details**

**Consignee's Details. Full Street Address Please**

Company Name: **LE CREUSET**  
Street Address: **HOBART GROVE**  
**SHOP G1**  
**CNR HOBART & GROSVENOR ROADS**  
Suburb: **DRYANSTON**  
City / Town: **JNB** Postal Code: **2021**  
Contact:  
Phone: **011 568 4708**

Company Name: **Le Creuset**  
Street Address: **Brooklyn Mall Shop 218**  
**C/o Neale and Underkoff Rds**  
Suburb: **Brooklyn**  
City / Town: **PRETORIA** Postal Code: **1802**  
Contact: **012 316 2540**  
Phone:

- Mark Service Required
- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service
- Economy
- After Hours

Destination Country:  South Africa  Botswana  Lesotho  Namibia  Swaziland  Other (Please Specify)

Sender's Reference: **UT70499165** Analysis Code:

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **027766** 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).

*[Signature]* **SENDER'S AUTHORISED SIGNATURE** **09/02/17** **DATE**

- BLNS Customs Tariff
1. ONLINE
3. EFT

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

**Total Parcels** NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)

**1**

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)

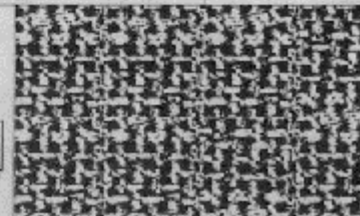
Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)

Date Received: **18 02 18** Time Received: **16 55**

Date Received: **09 02 18** Time Received: **15 00**

Signature:

Signature:



POD COPY

Total Mass (kg)