

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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. 4860189585



SUBBD26899366

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name <u>Avalon Technology Group</u>	Company Name <u>Le Creuset Pavilion Store</u>	Street Address <u>Unit 13, Tyger Valley Chambers 2, 4th Floor White & Schaar Ave Tyger Valley</u>	Street Address <u>Shop UL262 Pavilion Shopping Centre, Jack Martens Drive Kestville 10100</u>
City / Town <u>Cape Town</u>	City / Town <u>Durban</u>	Postal Code <u>7830</u>	Postal Code <u>3629</u>
Contact <u>Rainer</u>	Contact <u>Store Manager</u>	Phone <u>021 300 1771</u>	Phone <u>031 265 8455</u>
Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho
	Namibia	Swaziland	Other (Please Specify)
Sender's Reference		Analysis Code	

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

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)

WESTVILLE HOSPITAL PHARMACY
7 SPINE ROAD
WESTVILLE

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

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

Total Parcels

NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>1018</u>	<u>1030</u>	<u>1030</u>

PHARMACY TEL NO: 031 251 6731 / 031 251 6713
HOSPITAL TEL NO: 031 265 0011

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) CHRISTOPHER

Date Received: 15/10/18 Time Received: 1030

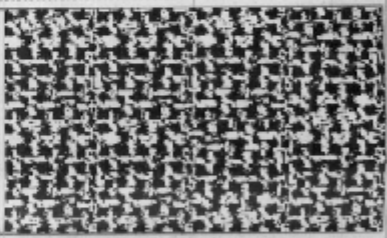
Signature: CHRISTOPHER

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

Date Received: 15/10/18 Time Received: 16:00

Signature: [Signature]



Version Control (08/2017)