

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. 4380189685



SUBBD27083508

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>LE CREUSET ROSEBANK</b>		Company Name: <b>Le Creuset M.O.A</b>				<input type="checkbox"/> Same Day	
Street Address: <b>SHOP 202A ROSEBANK MALL</b>		Street Address: <b>Shop 2040 Car Benschotenan</b>				<input type="checkbox"/> Express	
<b>BATH AVENUE</b>		<b>and Allandale Highway</b>				<input type="checkbox"/> With Sunrise Option	
Suburb: <b>ROSEBANK</b>		Suburb: <b>Waterfall</b>				<input type="checkbox"/> With Saturday Service	
City / Town: <b>JNB</b> Postal Code: <b>2196</b>		City / Town: <b>JNB</b> Postal Code: <b>1620</b>				<input type="checkbox"/> Public Holiday Service	
Contact: <b>ELLEN</b>		Contact: <b>Casandra</b>				<input checked="" type="checkbox"/> Economy	
Phone: <b>011 568 4754</b>		Phone: <b>011 568 2077</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)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: <b>47; 9917581</b>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> 3. EFT	
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"/>			
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)							
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>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>NYIKIWE</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>buwani</b>			
Date Received: <b>170128</b>		Time Received: <b>1110</b>		Date Received: <b>160118</b>		Time Received: <b>1520</b>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

SENDER'S AUTHORIZED SIGNATURE *[Signature]* DATE *16/01/18*

Total Mass (Kg)

Version Control: (04/2017)