

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. 4880189685



SUBBD27083518

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name: LE CREUSET ROSEBANK SHOP 202A ROSEBANK MALL BATH AVENUE		Company Name: LE CREUSET Head office Unit 5, Haron park Grove Business park				<input type="checkbox"/> Same Day			
Street Address: ROSEBANK		Street Address: Cape Town				<input checked="" type="checkbox"/> Express			
Suburb: ROSEBANK		Suburb: Cape Town				<input type="checkbox"/> With Sunrise Option			
City / Town: JNB Postal Code: 2196		City / Town: Cape Town Postal Code: 8001				<input type="checkbox"/> With Saturday Service			
Contact: ELLEN		Contact: Carmen				<input type="checkbox"/> Public Holiday Service			
Phone: 011 568 4754		Phone: 021 251 7178				<input type="checkbox"/> Economy			
Destination Country: <input checked="" type="checkbox"/> South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>				<input type="checkbox"/> After Hours			
Sender's Reference: U111710779		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff			
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 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) CARMEN				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) MUSI / M					
Date Received: 04/04/18				Date Received: 21/4/18					
Time Received: 0926				Time Received: 1510					
Signature: Carmen				Signature: [Signature]					

POD COPY

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