

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



SUBBD27083546

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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</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP 202A ROSEBANK MALL</b>		Street Address <b>Unit 5, Heron Park</b>				<input type="checkbox"/> Express	
<b>BATH AVENUE</b>		<b>Olive Grove Industrial</b>				<input type="checkbox"/> With Sunrise Option	
Suburb <b>ROSEBANK</b>		Suburb <b>Somerset West</b>				<input type="checkbox"/> With Saturday Service	
City / Town <b>JNB</b>	Postal Code <b>2196</b>	City / Town <b>Cape Town</b>	Postal Code <b>8001</b>			<input type="checkbox"/> Public Holiday Service	
Contact <b>ELLEN</b>		Contact <b>Lauren Allers</b>				<input checked="" type="checkbox"/> Economy	
Phone <b>011 568 4754</b>		Phone <b>021 851 7178</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"/> BLNS Customs Tariff	
Sender's Reference <b>UTIOS75858</b>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>		Bill To <input type="checkbox"/> Sender <input checked="" 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.				<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. <b>027766</b>		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 <i>[Signature]</i> DATE <b>13/02/2017</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				Total Mass (kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)		
<input type="checkbox"/>							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<b>ELUINO</b>				<b>DSV 1174</b>			
Date Received:		Time Received:		Date Received:		Time Received:	
<b>160218</b>		<b>0920</b>		<b>170218</b>		<b>15</b>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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Version Control (08/2017)