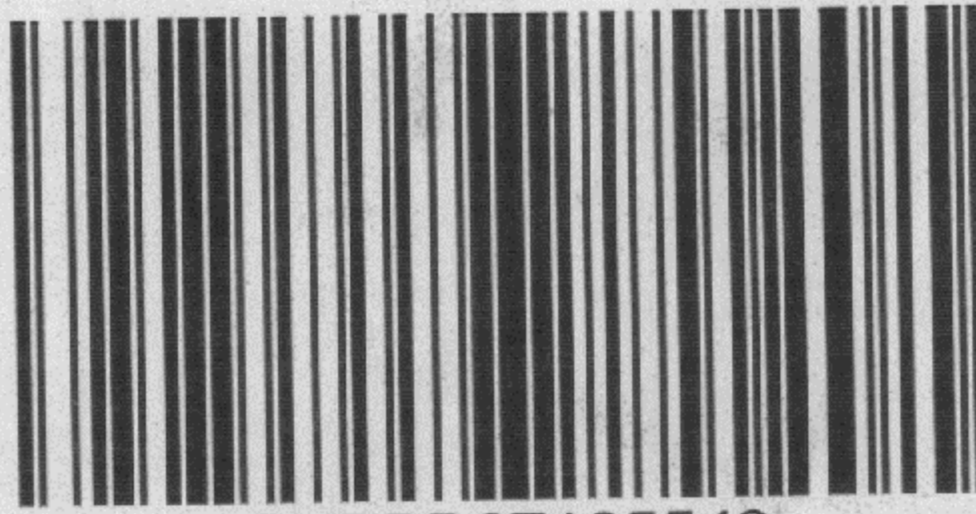


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 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



SUBBD27105542

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET ROSEBANK</u>		Company Name <u>LE CREUSET HEAD OFFICE</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 202A ROSEBANK MALL, 50 BATCH AVENUE</u>		Street Address <u>UNIT 1 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDVLEI ROAD</u>				<input type="checkbox"/> Express	
Suburb <u>ROSEBANK</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>JOHANNESBURG</u> Postal Code <u>2196</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>8001</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>ELLEN</u>		Contact <u>JENNA</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 568 4745</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy	
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"/> After Hours	
Sender's Reference <u>UTI 2733629</u>		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <input type="checkbox"/>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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).							
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)	
<input type="checkbox"/>							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>Basil</u>			
Date Received: <u>04 06 18</u>		Time Received: <u>10 30</u>		Date Received: <u>04 06 18</u>		Time Received: <u>11 50</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (08/2017)

Total Mass (Kg)

