

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



SUBBD27156678

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET HOBART GROVE SHOP G1</b>		Company Name <b>LE CREUSET CLEARWATER MALL</b>				<input type="checkbox"/> Same Day	
Street Address <b>CNR HOBART GROSVENOR ROADS</b>		Street Address <b>SHOP UM030A CLEARWATER MALL</b>				<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b>CLEARWATER</b>				<input type="checkbox"/> With Sunrise Option	
City/Town <b>JNB</b> Postal Code <b>2021</b>		City/Town <b>JOHANNESBURG</b> Postal Code <b>2001</b>				<input type="checkbox"/> With Saturday Service	
Contact <b>SEVARLAN</b>		Contact <b>LISA</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>011 568 4708</b>		Phone <b>011 475 1202</b>				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa		Lesotho Namibia Swaziland Other				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <b>UT12228794</b>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. <b>027766</b>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				Total Mass (Kg)	
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>25/4/2018</b>					
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>	
1							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <b>SPHE</b>				Name Of Courier (PLEASE PRINT CLEARLY) <b>SILVIA</b>			
Date Received: <b>30 04 18</b>		Time Received: <b>14 00</b>		Date Received: <b>25 04 18</b>		Time Received: <b>14 00</b>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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Version Control (08/2017)