

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



SUBBD27156710

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET HOBART GROVE SHOP G1</u>		Company Name <u>Le creuset sandton</u>				<input type="checkbox"/> Same Day	
Street Address <u>CNR HOBART GROSVENOR ROADS</u>		Street Address <u>Shop L239 Sandton City 5th and Rivonia Streets</u>				<input type="checkbox"/> Express	
Suburb <u>BRYANSTON</u>		Suburb <u>Sandton</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>JNB SEVARIAN</u> Postal Code <u>2021</u>		City / Town <u>JHB</u> Postal Code <u>2196</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>011 568 4708</u>		Contact <u>Katambo</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 568 4708</u>		Phone <u>011 784 0301</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		Destination Country				<input type="checkbox"/> After Hours	
<input type="checkbox"/> South Africa <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <u>UT11778690</u>						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		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).							
				SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>		DATE <u>05/04/18</u>	
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)	
1							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>ZANGELE</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>			
Date Received: <u>060418</u>		Time Received: <u>1811</u>		Date Received: <u>050418</u>		Time Received: <u>1500</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
						Total Mass (Kg)	

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Version Control (08/2017)