

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD27219320

SUBHT 04270504

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>LE CREUSET WATERFALL</u>		Company Name <u>LE CREUSET WAREHOUSE</u>						<input type="checkbox"/> Same Day	
Street Address <u>SHOP 101</u>		Street Address <u>UNIT 05 HERON PARK</u>						<input type="checkbox"/> Express	
<u>1 ALGERADIA AVENUE</u>		<u>OLIVE GROVE INDUSTRIAL ESTATE</u>						<input type="checkbox"/> With Sunrise Option	
<u>CASHAN EXT 12</u>		<u>OLD PAARDEVELD RD</u>						<input type="checkbox"/> With Saturday Service	
Suburb <u>WATERFALL MALL</u>		Suburb <u>SOMERSET WEST</u>						<input type="checkbox"/> Public Holiday Service	
City/Town <u>RUSTENBURG</u> Postal Code <u>0299</u>		City/Town <u>CAPE TOWN</u> Postal Code <u>7130</u>						<input checked="" type="checkbox"/> Economy	
Contact <u>MANAGER: TREVOR NG</u>		Contact <u>MRS LAUREN</u>						<input type="checkbox"/> After Hours	
Phone <u>04 37 2279</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)		
Sender's Reference <u>CUBES</u>		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 14.8 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		06-02-18	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>2</u>		<u>Two</u>		<u>51</u> <u>52</u>		<u>249</u> <u>27</u>		<u>35</u> <u>62</u>	
Total Mass (Kg) <u>15</u>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ELVINO</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>LES ELO</u>				
Date Received: <u>080218</u>		Time Received: <u>0940</u>			Date Received: <u>060518</u>		Time Received: <u>1507</u>		
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

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Version Control (08/2017)