

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel: 0121 673-2000  
 Reg. No. 2000/016342/07  
 VAT No. 4880189685



SUBBD27219343

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POD COPY

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 HYDE PARK</u>				<input type="checkbox"/> Same Day
Street Address: <u>SHOP 201</u>		Street Address: <u>SHOP 71 UPPER MAAL</u>				
<u>1 AUGRARTS AVENUE</u>		<u>HYDE PARK CORNER</u>				<input type="checkbox"/> Express
<u>CASHAN EXT 12</u>		<u>C/O SAN SMITS &amp; ELK AVE</u>				<input type="checkbox"/> With Sunrise Option
Suburb: <u>WATERFALL MALL</u>		Suburb: <u>HYDE PARK</u>				<input type="checkbox"/> With Saturday Service
City / Town: <u>RUSTENBURG</u>	Postal Code: <u>0299</u>	City / Town: <u>JOHANNESBURG</u>	Postal Code: <u>2196</u>			<input type="checkbox"/> Public Holiday Service
Contact: <u>MANAGER: LERATO</u>		Contact: <u>MANAGER: PATRICIA</u>				<input checked="" type="checkbox"/> Economy
Phone: <u>014 537 2279</u>		Phone: <u>011 325 5606</u>				<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"/> Other (Please Specify)
Sender's Reference: <u>WINE PUMPA</u>		Analysis Code: <input type="checkbox"/>				<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS						<input type="checkbox"/> 1. ONLINE
Bill Charges To Account No. <u>027766</u>		<input type="checkbox"/> Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				<input type="checkbox"/> 3. EFT
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).						Total Mass (Kg)
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)	HEIGHT (CM)		1
1	1	22	22	27		
Goods received in full without damage (unless endorsed)		Received By DSV				RECEIVED
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)				
<u>REFILWE</u>		<u>LESEGO</u>				
Date Received:		Date Received:		Time Received:		
<u>060718</u>		<u>0324</u>		<u>050718 1240</u>		
Signature: <u>Shange</u>		Signature: <u>[Signature]</u>				