

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Pines 0051
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685



SUBBD27219399

2 2 2 E E E 2 2 2

14/03/18

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET WATERFALL		Company Name LE CREUSET MALL OF AMERICA				<input type="checkbox"/> Same Day	
Street Address SHOP 01		Street Address SHOP 2040				<input type="checkbox"/> Express	
LAUGRANDE AVENUE		CNR ALLENDALE RD				<input type="checkbox"/> With Sunrise Option	
CASHAN RD 12		BEN SCHOEMAN HIGHWAY				<input type="checkbox"/> With Saturday Service	
Suburb WATERFALL MALL		Suburb WATERFALL ESTATE				<input type="checkbox"/> Public Holiday Service	
City/Town RUSTENBURG Postal Code 0299		City/Town MIDDANS Postal Code 2056				<input checked="" type="checkbox"/> Economy	
Contact MANAGER LEATO		Contact MANAGER PHINDI				<input type="checkbox"/> After Hours	
Phone 011 537 2279		Phone 011 568 2097				<input type="checkbox"/> BLN'S Customs Tariff	
Destination Country: <input 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 CAN OPENER		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027756		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		1. ONLINE <input type="checkbox"/>	
<p>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 14.6 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).</p>							
				SENDER'S AUTHORISED SIGNATURE		DATE	
				<i>R. Mune</i>		13-03-18	
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"/>				HEIGHT (CM)			
1				17		16	
				16			
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
PHINDILE				LESEEVO			
Date Received:		Time Received:		Date Received:		Time Received:	
140318		1330		130318		1751	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control [05/2017]

Total Mass (Kg)
 13.30