

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD27219406


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le Creuset SA</u>		Company Name <u>Le Creuset Warehouse</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop 101</u> <u>1 Aucapabing Avenue</u> <u>Watersfall Mall</u>		Street Address <u>Unit 5 Hean Park</u> <u>Olve Grove Industrial Estate</u> <u>Old Paardekraai Road</u>				
Suburb <u>Cushan East</u>		Suburb <u>Somerset West</u>				<input checked="" type="checkbox"/> Express
City / Town <u>Roosendaal</u> Postal Code <u>0299</u>		City / Town <u>Cape Town</u> Postal Code <u>7130</u>		<input type="checkbox"/> With Sunrise Option		
Contact <u>Johannes</u>		Contact <u>Lisa</u>				<input type="checkbox"/> With Saturday Service
Phone <u>011 537 2279</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> Public Holiday Service
Destination Country		(Please Specify)				<input type="checkbox"/> Economy
South Africa		Botswana				<input type="checkbox"/> After Hours
Lesotho		Namibia				BLNS Customs Tariff
Swaziland		Other				
Sender's Reference <u>EMPLOYMENT CONTRA</u>		Analysis Code				1. ONLINE <input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> 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.						
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).						
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number		3. EFT <input type="checkbox"/>
SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE <u>13-02-2018</u>						
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
<u>1</u>				<u>A3</u>		
Goods received in full without damage (unless endorsed)			Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)			
<u>LISA</u>			<u>LESERO</u>			
Date Received:		Time Received:	Date Received:		Time Received:	
<u>150218</u>		<u>0916</u>	<u>130218</u>		<u>1500</u>	
Signature: <u>Joubert</u>			Signature: <u>[Signature]</u>			

POD COPY

Version Control (09/2017)