

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



SUBBD27219413

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 NICOLWAY</u>				<input type="checkbox"/>
Street Address <u>SHOP 101</u>		Street Address <u>SHOP L21</u>				<input type="checkbox"/>
<u>LAUGRABIES AVENUE</u>		<u>WILLIAM NICOLE DRIVE</u>				<input type="checkbox"/>
<u>CASHAN EXT 12</u>		<u>NICOLWAY SHOPPING CENTRE</u>				<input type="checkbox"/>
Suburb <u>WATERFALL MALL</u>		Suburb <u>BRYANSTON</u>				<input checked="" type="checkbox"/>
City/Town <u>RUSTENBURG</u> Postal Code <u>0299</u>		City/Town <u>TOHANNESBURG</u> Postal Code <u>2191</u>				<input type="checkbox"/>
Contact <u>MANAGER: TSHEPANE</u>		Contact <u>MANAGER: STEPHAN</u>				<input type="checkbox"/>
Phone <u>014 537-2279</u>		Phone <u>011 706 2198</u>				<input type="checkbox"/>
Destination Country		(Please Specify)				<input type="checkbox"/>
<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						<input type="checkbox"/>
Sender's Reference <u>STONEWARE</u>		Analysis Code				<input type="checkbox"/>
SPECIAL INSTRUCTIONS						
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 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 14.6 AND 14.7 OVERLEAF).						
e-mail / Fax / Proof of Delivery		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>				DATE <u>18-01-18</u>
Total Parcels <u>03</u> NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) <u>32</u>		WIDTH (CM) <u>32</u>		Total Mass (Kg) <u>3</u>
HEIGHT (CM) <u>26</u> EMAIL: <u>nicolway.store.za@dsver.co.za</u>						
Goods received in full without damage (unless endorsed)			Received By DSV			Name Of Receiver (PLEASE PRINT CLEARLY) Name Of Courier (PLEASE PRINT CLEARLY) Date Received: Time Received: Date Received: Time Received:
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)			
Date Received: <u>19/01/18</u>			Date Received: <u>18/01/18</u>			
Time Received: <u>0945</u>			Time Received: <u>1240</u>			
Signature:			Signature: <u>[Signature]</u>			

POD COPY

Version Control (08/2017)