

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27335484

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required			
Company Name: <u>le creuset</u>	Street Address: <u>Step 3.8</u>	Company Name: <u>le creuset Smolten</u>	Street Address: <u>Step L339 Smolten Steppg</u>	<input type="checkbox"/> Same Day		<input type="checkbox"/> Express		<input type="checkbox"/> With Sunrise Option			
<u>Brooklyn Mail</u>	<u>Cur. Veleged Waterloof</u>	<u>Centr. 158, 5th Street</u>	<u>Smolhurst</u>	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service		<input type="checkbox"/> Economy			
Suburb: <u>Brooklyn</u>	City/Town: <u>PTA</u>	Suburb: <u>Smolten</u>	City/Town: <u>JHB</u>	<input type="checkbox"/> After Hours		<input type="checkbox"/> BLNS Customs Tariff					
Postal Code: <u>0002</u>	Contact: <u>rahim</u>	Postal Code: <u>2196</u>	Contact: <u>Karabo</u>	<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>		<input type="checkbox"/> 3. EFT <input type="checkbox"/>					
Phone: <u>012 346 2840</u>	Phone: <u>011 784 0301</u>	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: <u>UTI 1903551</u>		Analysis Code					
<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 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 200.00 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).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u>		DATE <u>11/10/18</u>		Total Mass (Kg)					
Total Parcels <u>1</u>	NO. OF PARCELS PER DIMENSIONS <u>Box</u>	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)							
Goods received in full without damage (unless endorsed). Name Of Receiver (PLEASE PRINT CLEARLY) <u>Karabo</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>							
Date Received: <u>12/04/18</u>		Time Received: <u>1747</u>		Date Received: <u>11/04/18</u>		Time Received: <u>1533</u>					
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>									

Version Control (09/2017)