

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. 4880189585



SUBBD27363249

2 2 2 E E E 2 2 2

Sender's Details

Company Name: **LE CREUSET HOBART GROVE**

Street Address: **SHOP G1
CNR HOBART & GROSVENOR ROADS**

Suburb: **BRYANSTON**

City/Town: **JNB** Postal Code: **2021**

Contact: **SEVARIAN**
Phone: **011 568 4708**

Consignee's Details. Full Street Address Please

Company Name: **le Creuset Mall Africa**

Street Address: **Shop 2040
Mall of Africa
C/o Ben Schoeman Atteridgeville**

Suburb: **Wolke Fall Estate**

City/Town: **JHB** Postal Code: **1682**

Contact: **Cassandra**
Phone: **011 568 2017**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: **UTI 10013763** Analysis Code: _____

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To: Consignee Other (Name Please) _____

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 14.5 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).

Handwritten Signature **19/01/18**

SENDER'S AUTHORISED SIGNATURE **DATE**

1. ONLINE

3. EFT

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number _____

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **NYIKIWE**

Date Received: **22/01/18** Time Received: **01 09**

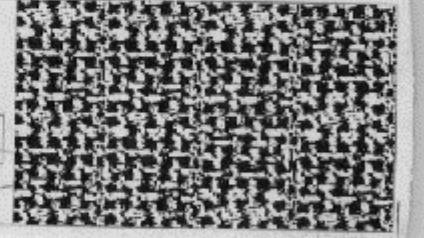
Signature: *[Handwritten Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): *[Handwritten Signature]*

Date Received: **19/01/18** Time Received: **1500**

Signature: *[Handwritten Signature]*



POD COPY

Version: Control 08/2017