

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
 5/6 DSV Distribution  
 PO Box 53, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4880185685



SUBBD27363285

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<b>Sender's Details</b> Company Name: <b>LE CREUSET HOBART GROVE</b> Street Address: <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b> Suburb: <b>BRYANSTON</b> City / Town: <b>JNB</b> Postal Code: <b>2021</b> Contact: <b>SEVARIAN</b> Phone: <b>011 568 4708</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>LE CREUSET CLEARWATER</b> Street Address: <b>Shop Um 30A CLEARWATER mall CHRISTIAAN DE WET ROAD</b> Suburb: <b>Clearwater</b> City / Town: <b>JHB</b> Postal Code: <b>2001</b> Contact: <b>LISA</b> Phone: <b>011 475 1202</b>				<b>Mark Service Required</b> <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours									
Destination Country: <input checked="" 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)		BLNS Customs Tariff:		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>											
Sender's Reference: <b>UT11313606</b>		Analysis Code:		Total Mass (Kg)											
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" 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 Unload 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, 14.8 AND 14.7 OVERLEAF).															
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i>		DATE: <b>16/03/2018</b>											
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td><b>1</b></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	<b>1</b>				
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)											
<b>1</b>															
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>LISA</b>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <i>[Signature]</i>												
Date Received: <b>190318</b>		Time Received: <b>1350</b>		Date Received: <b>160318</b>											
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>													

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Version Control (09/2017)