

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 53, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4860189565



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| 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 NICWAY Street Address SHOP L21 NICOLWAY SHOPPING CENTRE WILLIAM NICOL DRIVE BRYANSTON Suburb BRYANSTON City / Town JOHANNESBURG Postal Code 2191 Contact ZANELE Phone 011 706 2198 | | | | Mark Service Required <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 checked="" 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) | | Sender's Reference U11 08580 Analysis Code | | | | BLNS Customs Tariff | | | |
| SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) | | 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). | | | | 1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/> | | | |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number | | SENDER'S AUTHORIZED SIGNATURE <i>[Signature]</i> DATE 23/2/2018 | | | | Total Mass (Kg) | | | |
| Total Parcels <input type="checkbox"/> | | NO. OF PARCELS PER DIMENSIONS | | LENGTH (CM) | | WIDTH (CM) | | HEIGHT (CM) | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Sindi | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Joseph | | Date Received: 27/2/18 Time Received: 10:00 | | Date Received: 26/2/18 Time Received: 16:00 | | Signature: <i>[Signature]</i> | |

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Version Control (1/1/2017)