

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0961
Tel: (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685

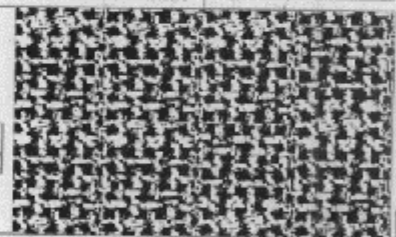


SUBBD27363301

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: LE CREUSET HOBART GROVE		Company Name: Le Creuset Mail of Africa						<input type="checkbox"/> Same Day	
Street Address: SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address: Shop 2040 Mail of Africa c/o Ben Shoeman Allen&ale						<input type="checkbox"/> Express	
Suburb: BRYANSTON		Suburb: WINDFELL ESTATE						<input type="checkbox"/> With Sunrise Option	
City/Town: JNB	Postal Code: 2021	City/Town: JHB		Postal Code:				<input type="checkbox"/> With Saturday Service	
Contact: SEVARIAN		Contact: CASAMERA						<input type="checkbox"/> Public Holiday Service	
Phone: 011 568 4708		Phone: 011 568 2097						<input type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
Other: (Please Specify)		Analysis Code:						<input type="checkbox"/> After Hours	
Sender's Reference: UT110181062		Analysis Code:						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To: <input checked="" type="checkbox"/> Sender		Consignee: <input type="checkbox"/>		Other (Name Please): <input type="checkbox"/>		1. ONLINE <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 R250.00 PER SHIPMENT. (SEE CLAUSE 14.6 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
[]		[]		[]		[]		[]	
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY): Iskidi					Name Of Courier (PLEASE PRINT CLEARLY): Collyer				
Date Received: 29 01 18		Time Received: 18 45			Date Received: 29 01 18		Time Received: 18 00		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

Version Control (18/2017)



Total Mass (Kg)