

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27363342

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET HOBART GROVE		Company Name LE CREUSET CRESTA						<input type="checkbox"/> Same Day	
Street Address SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address SHOP 111 CRESTA SHOPPING CENTRE BEYERS NAUDE DRIVE CRESTA						<input type="checkbox"/> Express	
Suburb BRYANSTON		Suburb CRESTA						<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2021		City / Town RANDBURG Postal Code						<input type="checkbox"/> With Saturday Service	
Contact SEVARIAN		Contact PHINDILE						<input type="checkbox"/> Public Holiday Service	
Phone 011 568 4708		Phone 011 476 6010						<input checked="" 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)									
Sender's Reference UT19625707		Analysis Code						<input type="checkbox"/> After Hours	
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 OWNER'S 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).									
SENDER'S AUTHORIZED SIGNATURE <i>[Signature]</i>						DATE 27/12/2017		3. EFT <input type="checkbox"/>	
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) MATHAPELO						Name Of Courier (PLEASE PRINT CLEARLY) Colin			
Date Received: 281217		Time Received: 1458		Date Received: 271217		Time Received: 1600			
Signature: <i>[Signature]</i>						Signature:			

POD COPY

Version Control (DSV-0017)