

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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. 4880189685



SUBBD27419761


UT14938763

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name: <b>LE CREUSET WATERCREST</b>		Company Name: <b>LE CREUSET LA LUCIA</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 checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff
Street Address: <b>INANDA ROAD WATERFALL DURBAN</b>		Street Address: <b>SHOP 3 LA LUCIA MALL 90 WILLIAM CAMPBELL DRIVE LA LUCIA</b>				
Suburb: _____		Suburb: _____				
City / Town: <b>DUR</b> Postal Code: <b>3652</b>		City / Town: <b>DURBAN</b> Postal Code: <b>4051</b>				
Contact: _____		Contact: <b>SOMITHA</b>				
Phone: <b>031 763 1525</b>		Phone: <b>031 572 5045</b>				
Destination Country: South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) _____				
Sender's Reference: <b>Dinner plate ocean</b>		Analysis Code: _____				
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. _____ Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> 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).						
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number: _____				
<b>Total Parcels</b> NO. OF PARCELS PER DIMENSIONS <b>1 BOX</b>		LENGTH (CM)		WIDTH (CM)		Total Mass (Kg)
HEIGHT (CM)						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>ELIZABETH</b>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>SIVABONGA</b>			
Date Received: <b>081018</b>		Time Received: <b>1220</b>		Date Received: <b>051018</b>		
Time Received: _____		Time Received: <b>1700</b>		Signature: _____		
Signature: _____		Signature: _____		Signature: _____		

Version Control (08/2007)