

CONTRACT FOR CARRIAGE / DISPATCH NOTE

file

2 2 2 E E E 2 2 2



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



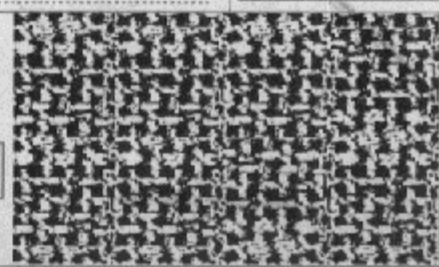
SUBBD27440620

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>Bedford Centre Shop U17</u>		Street Address <u>Unit 5 Heron Park Olive Grove Industrial Estate</u>				<input checked="" type="checkbox"/> Express	
Suburb <u>Bedfordview</u>		Suburb <u>SOMERSET West</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>LHB</u> Postal Code <u>2008</u>		City / Town <u>Cape Town</u> Postal Code <u>7130</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Mila</u>		Contact <u>Vicky (file)</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 615 1923</u>		Phone <u>021 8517178</u>				<input type="checkbox"/> Economy	
Destination Country		Destination Country				<input type="checkbox"/> After Hours	
South Africa		Lesotho Namibia Swaziland Other (Please Specify)				BLNS Customs Tariff	
Sender's Reference <u>UT1 0951340</u>		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		3. EFT <input type="checkbox"/>	
				Other (Name Please) <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 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>J BENADE</u>				<u>Truora</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>050316</u>		<u>1005</u>		<u>010318</u>		<u>1338</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

[Signature] 01.03.2018
SENDER'S AUTHORISED SIGNATURE DATE

Total Mass (Kg)



Version Control (09/2017)