

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



SUBBD27440650

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <i>Le Creuset</i>		Company Name <i>Le Creuset</i>						<input type="checkbox"/> Same Day	
Street Address <i>Bedford Centre Shop 417</i>		Street Address <i>Shop 41 Cresta Shopping Centre</i>						<input type="checkbox"/> Express	
<i>Car. Smith and Vander Linde</i>		<i>Beyers Munde Drive</i>						<input type="checkbox"/> With Sunrise Option	
Suburb <i>Bedfordview</i>		Suburb <i>Cresta</i>						<input type="checkbox"/> With Saturday Service	
City/Town <i>JHB</i> Postal Code <i>2008</i>		City/Town <i>JHB</i> Postal Code <i>2021</i>						<input type="checkbox"/> Public Holiday Service	
Contact <i>Milo</i>		Contact						<input checked="" type="checkbox"/> Economy	
Phone <i>011 615 1323</i>		Phone <i>011 476 6010</i>						<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								BLNS Customs Tariff	
Sender's Reference <i>UTI 3560 361</i>		Analysis Code						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <i>027766</i>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 3. EFT	
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).									
Sender's Authorised Signature <i>[Signature]</i>						DATE <i>03.07.2018</i>		Total Mass (Kg)	
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)	
<i>1</i>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>NOMBULELO</i>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>ETLO4</i>					
Date Received: <i>040718</i>		Time Received: <i>1409</i>		Date Received: <i>050718</i>		Time Received: <i>1517</i>			
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>					

POD COPY

Version Control (08/01/17)