

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD27440660

Sender's Details

Company Name: *Le Creuset Bedford*
Street Address: *Bedfordolcebae shop 417*
Smith & Vander Linde
Suburb: *Bedfordview*
City / Town: *JHB* Postal Code: *2008*
Contact: *Wabasha*
Phone: *011 6157923*

Consignee's Details. Full Street Address Please

Company Name: *Le Creuset SA*
Street Address: *Unit 5 Heron Park*
Olive Grove Industrial Estate
Old Paardevlei Road
Suburb: *Somerset West*
City / Town: *Cape Town* Postal Code: *7130*
Contact: *021 8517178*
Phone: *Le Creuset*

Mark Service Required

Same Day
 Express
 With Sunrise Option
 With Saturday Service
 Public Holiday Service
 Economy
 After Hours

BLNS Customs Tariff

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: *Assessment* Analysis Code: [] [] [] [] [] [] [] [] [] []

SPECIAL INSTRUCTIONS

Bill Charges To Account No. [] [] [] [] [] [] [] [] [] []

Bill To: Sender Consignee 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).

SENDER'S AUTHORISED SIGNATURE: *[Signature]* DATE: *30.04.18*

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number [] [] [] [] [] [] [] [] [] []

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<i>1</i>				

1. ONLINE

3. EFT

Total Mass (Kg)

[] [] [] [] [] [] [] [] [] []

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): *BASIL*

Date Received: *01 08 18* Time Received: *09 35*

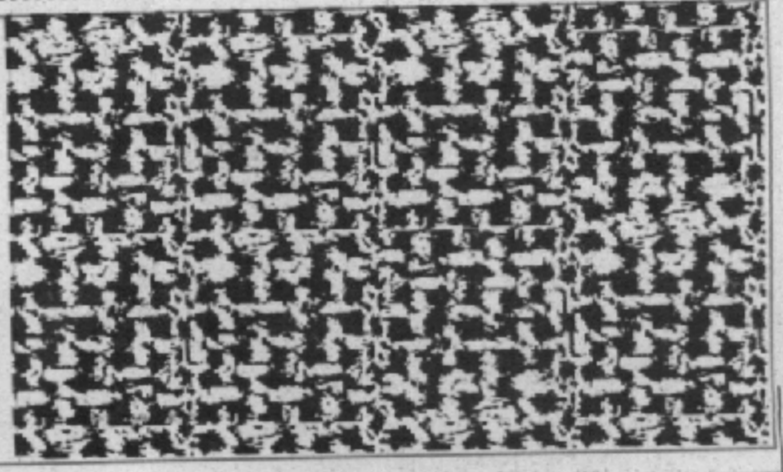
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): *TLOU*

Date Received: *30 07 18* Time Received: *12 30*

Signature: *[Signature]*



POD COPY

Version Control (08/2017)