

CONTRACT FOR CARRIAGE / DISPATCH NOTE

Damages

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



SUBBD27440787

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please			
Company Name	<i>Le Creuset</i>	Company Name	<i>Le Creuset</i>		
Street Address	<i>Bedford Centre Shop u17</i>	Street Address	<i>Unit 5 Heron Park Olive Grove Industrial Estate</i>		
Suburb	<i>Bedfordview</i>	Suburb	<i>Somerset West</i>		
City / Town	<i>JHB</i>	City / Town	<i>Cape Town</i>		
Postal Code	<i>2008</i>	Postal Code	<i>7130</i>		
Contact	<i>Mila</i>	Contact	<i>Jenna (Damages)</i>		
Phone	<i>011 6151923</i>	Phone	<i>021 8517178</i>		
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other (Please Specify)

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
<input checked="" type="checkbox"/> Economy
After Hours
BLNS Customs Tariff

Sender's Reference: *UTI 2158314* Analysis Code: _____

SPECIAL INSTRUCTIONS

Bill Charges To Account No. *027766* 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).

Cyrene **SENDER'S AUTHORISED SIGNATURE** *23.04.2018* **DATE**

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>
Total Mass (Kg)	

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): *SIVINO*

Date Received: *250418* Time Received: *0912*

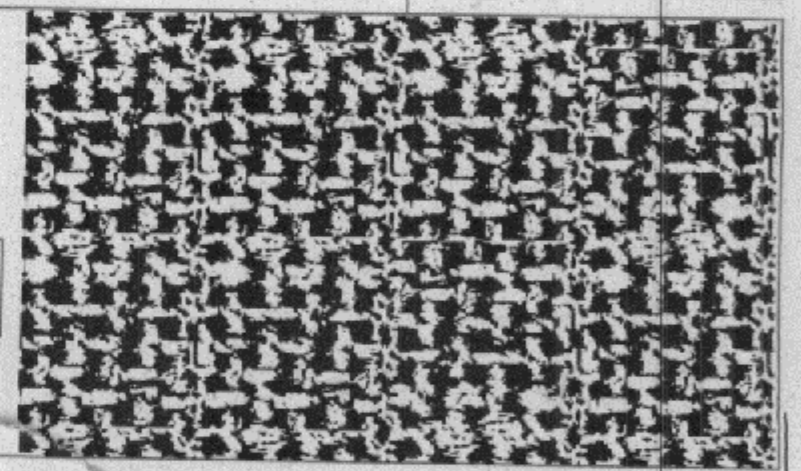
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): *[Signature]*

Date Received: *230418* Time Received: *1450*

Signature: *[Signature]*



Version Control (06/2017)