

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



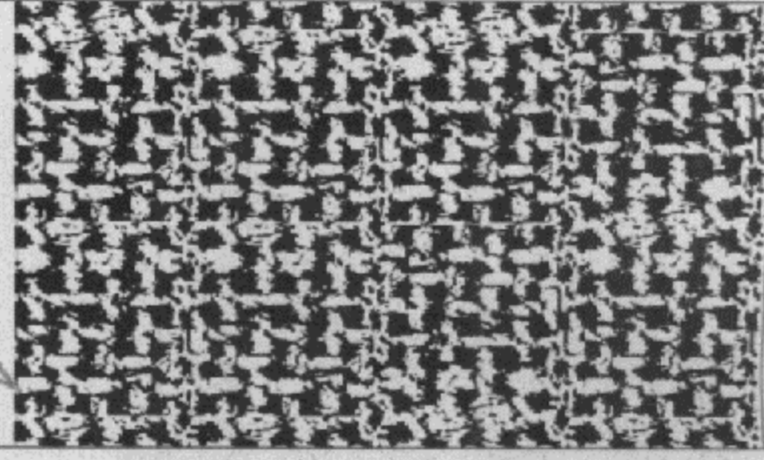
SUBBD27443478

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET NICOLWAY		Company Name: Le Creuset				<input type="checkbox"/> Same Day	
Street Address: WILLIAM NICOL DRIVE		Street Address: Unit 5 Heron park Diwe Grove Estate Old paardevel Road				<input checked="" type="checkbox"/> Express	
Suburb: BRYANSTON		Suburb: Somerset west				<input type="checkbox"/> With Sunrise Option	
City / Town: JNB	Postal Code: 2196	City / Town:	Postal Code:	<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Public Holiday Service	
Contact: ZANTLE NGWENYA		Contact: LISA				<input type="checkbox"/> Economy	
Phone: 011 706 2198		Phone:				<input type="checkbox"/> After Hours	
Destination Country	<input checked="" type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> BLNS Customs Tariff
Sender's Reference: UTI 0360922		Analysis Code:				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766	Bill To <input checked="" type="checkbox"/> Sender	<input type="checkbox"/> Consignee	<input type="checkbox"/> Other (Name Please)		<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).							
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)		
X1		flyer					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): LISA				Name Of Courier (PLEASE PRINT CLEARLY): COLES			
Date Received: 070218		Time Received: 1044		Date Received: 080218		Time Received: 1500	
Signature: [Signature]				Signature: [Signature]			

POD COPY

Version Control (08/2017)



Total Mass (Kg)