

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



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| Sender's Details | | Consignee's Details. Full Street Address Please | |
|--|--|--|---------------------------|
| Company Name: LE CREUSET PAVILION | Company Name: LE CREUSET LA LUCIA | Street Address: 92 WILLIAM CAMPBELL | |
| Street Address: SHOP HL 250 | Street Address: DENE, LA LUCIA MALL | Suburb: DURBAN NORTH | |
| Suburb: DESVILLE | Suburb: DURBAN NORTH | City/Town: DURBAN | Postal Code: 3605 |
| City/Town: DURBAN | City/Town: DURBAN | Contact: ELBERTH | Phone: 021-5725045 |
| Contact: ATISHA / TRISINA | Contact: ELBERTH | 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) | |
| Phone: 031 265 8453 | Phone: 021-5725045 | Analysis Code | |

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

Sender's Reference: **FRTING PAN**

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).

SENDER'S AUTHORIZED SIGNATURE: *[Signature]* DATE: **05/09/18**

1. ONLINE

3. EFT

Total Mass (Kg)

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

| Total Parcels | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) |
|---------------|-------------------------------|-------------|------------|-------------|
| 1 | 1 X BOX | | | |

Goods received in full without damage (unless endorsed)

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

Date Received: **060918** Time Received: **1310**

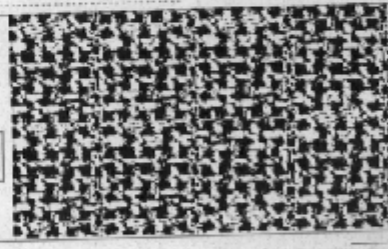
Signature: *[Signature]*

Received By DSV

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

Date Received: **050918** Time Received: **1639**

Signature: *[Signature]*



POD COPY

Version Control (08/2017)