

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



SUBBD27502715

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D	A	Y				C	O	M	P

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le Creuset Walmer</u>		Company Name <u>Le Creuset Warehouse</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop 103</u>		Street Address <u>Unit 5, Heron Park.</u>				
<u>Walmer Park Shopping Center</u>		<u>Olive Grove, Industrial Est.</u>				<input type="checkbox"/> Express
<u>Walmer Main Road</u>		<u>Old Paardevlei Road.</u>				<input type="checkbox"/> With Sunrise Option
Suburb		Suburb <u>Somerset West.</u>				<input type="checkbox"/> With Saturday Service
City/Town <u>P.E</u>	Postal Code <u>6020</u>	City/Town <u>CAPE TOWN</u>	Postal Code <u>7130</u>			<input type="checkbox"/> Public Holiday Service
Contact <u>Kene Nenfeldt.</u>		Contact <u>CARMEN</u>				<input checked="" type="checkbox"/> Economy
Phone <u>041 367 2318</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> After Hours

Destination Country	<input 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)
Sender's Reference					Analysis Code	

SPECIAL INSTRUCTIONS

Bill Charges To Account No. 27766 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).

[Signature] 16.05.2018
SENDER'S AUTHORISED SIGNATURE DATE

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

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

1. ONLINE
3. EFT

Total Mass (Kg)

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>CARMEN</u>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>NOI ANI</u>
Date Received: <u>170518</u>	Date Received: <u>160518</u>
Time Received: <u>0840</u>	Time Received: <u>1302</u>
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>

POD COPY

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