

**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

Skillet am  
Marseille

SUBBD27502725

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 Cavendish</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 103, Walmer</u>		Street Address <u>L 81 Cavendish Square</u>				<input type="checkbox"/> Express	
<u>Part Shopping Centre</u>		<u>Dreyer Street</u>				<input type="checkbox"/> With Sunrise Option	
<u>Main Rd</u>						<input type="checkbox"/> With Saturday Service	
Suburb <u>Walmer</u>		Suburb <u>Claremont</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>P.E</u>	Postal Code <u>6010</u>	City / Town <u>Cape Town</u>	Postal Code <u>7700</u>			<input checked="" type="checkbox"/> Economy	
Contact <u>Kene</u>		Contact <u>Zahera</u>				<input type="checkbox"/> After Hours	
Phone <u>(041) 3672319</u>		Phone <u>(021) 671 9550</u>				<input type="checkbox"/> BLNS Customs Tariff	
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)
Sender's Reference <u>UT1 253 7036</u>		Analysis Code					

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. 00 7766 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 21/05/18

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

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

Goods received in full without damage (unless endorsed)  
Name Of Receiver (PLEASE PRINT CLEARLY)  
Zelenette

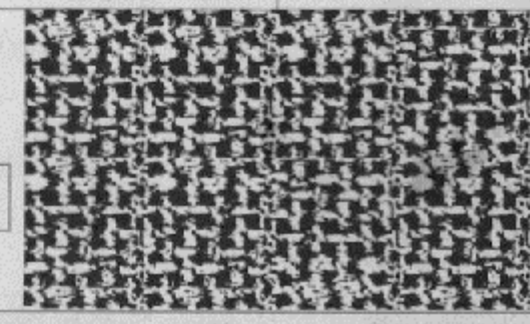
Date Received: 220518 Time Received: 1215

Signature: [Signature]

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY)  
XOLANI

Date Received: 210518 Time Received: 1207

Signature: [Signature]



1. ONLINE

3. EFT

Total Mass (Kg)

POD COPY

Version Control (3004517)