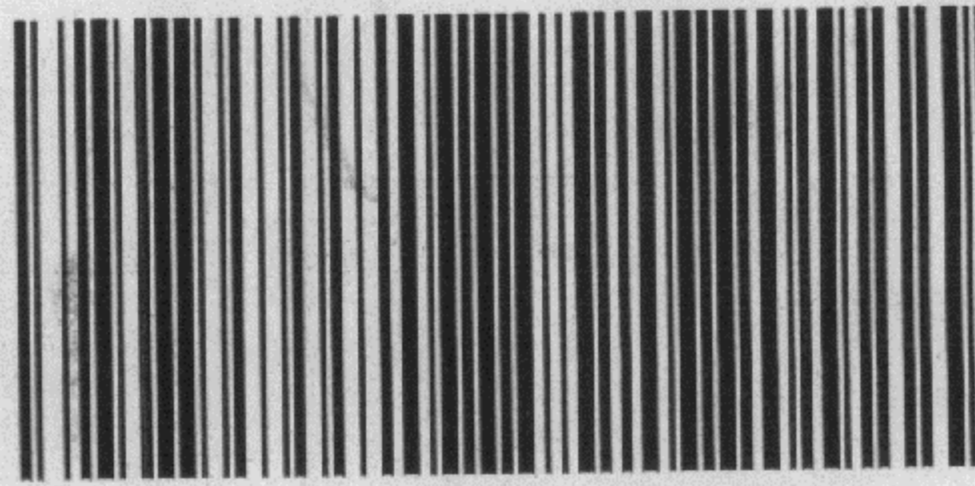


SUBHT04613052

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



2 2 2 E E E 2 2 2

DAMAGES &					
REPLACEMENTS.					
SUBHT0461					
3052					

SUBBD27502726

In store transfers - Francis
- Gordon's
- Conal Walk

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
LE CREUSET Company Name: LE CREUSET WALMER PARK Street Address: CO. REG.: 1997/021366/07 VAT: 4160178069 TEL: 041 367 2318 Suburb: Walmer EMAIL: walmer.store.za@lecreuset.com City / Town: Walmer Postal Code: 6001 Contact: Rene Newbold Phone: 041 367 2318		Company Name: Le Geuset Warehouse Street Address: Johann St Heron Park Olive Grove Industrial Estate Old Paardekraal Road Suburb: Somerset West City / Town: Cape Town Postal Code: 8001 Contact: Franca / Jenna Phone: 021 851 7181				<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours
Destination Country: South Africa		(Please Specify)				<input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff
Sender's Reference: UTI2704997		Analysis Code:				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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: Rene Newbold DATE: 31/05/2018						
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)	
2		51	15	22		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): BASTI			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): ZAMA			
Date Received: 010618 Time Received: 0945			Date Received: 310518 Time Received: 1200			
Signature:			Signature:			

POD COPY

Version Control (08/2017)