

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



SUBBD27502766

2 2 2 E E E 2 2 2

Replacement
 Transfer to
 Demo-Store

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset</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>				<input checked="" type="checkbox"/> Express	
<u>Walmer Park Shopping</u>				<u>Olive Grove, Industrial Estate</u>				<input type="checkbox"/> With Sunrise Option	
<u>Centre</u>				<u>Old Paardevlei rd.</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Walmer Park</u>				Suburb <u>Somerset West</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>P.E</u>		Postal Code <u>6001</u>		City / Town <u>Cape Town</u>		Postal Code <u>7100</u>		<input checked="" type="checkbox"/> Economy	
Contact <u>041 361 2318</u>				Contact <u>021 851 7178</u>				<input type="checkbox"/> After Hours	
Phone				Phone <u>Jenna / franci</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference				Analysis Code					
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>27766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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, 14.8 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)	
<u>1</u>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ZAMIA</u>				
Date Received: <u>29/11/18</u>					Date Received: <u>28/11/18</u>				
Time Received: <u>1030</u>					Time Received: <u>1530</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

28/11/2018

3. EFT

Total Mass (Kg)

Version Control (08/2017)