

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



SUBBD27502772

2 2 2 E E E 2 2 2
DAMAGES &
REPLACEMENTS
+ Transfer
S 4 B H T 046130

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>						<input type="checkbox"/> Express			
<u>Walmer Park</u>		<u>Olive Grove, Industrial Estate</u>						<input type="checkbox"/> With Sunrise Option			
<u>Shopping Centre.</u>		<u>Old Paardevlei Road.</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>8001</u>					<input checked="" type="checkbox"/> Economy			
Contact <u>Rene Newfeldt</u>		Contact <u>Jenna & Franci</u>						<input type="checkbox"/> After Hours			
Phone <u>041 367 2318</u>		Phone <u>021 88 851 7178</u>						<input checked="" 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>LIT1</u>						Analysis Code					
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. <u>027766</u>	Bill To <input type="checkbox"/> Sender	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.										3. EFT <input type="checkbox"/>	
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 14.6 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).										Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number								02.01.2019	
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)					SENDER'S AUTHORIZED SIGNATURE	
<u>2</u>										DATE	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>DASZL</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>XOLANI</u>							
Date Received: <u>030119</u>		Time Received: <u>0849</u>		Date Received: <u>020119</u>		Time Received: <u>1120</u>					
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>							

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