

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



SUBBD27502789

Transfer.

2 2 2 E E E 2 2 2

Sender's Details Company Name: <u>Le Creuset Walmer Park</u> Street Address: <u>103 Walmer Park Shopping Centre between 14th & 16th Ave Main Road Walmer</u> Suburb: <u>Walmer</u> City / Town: <u>Port Elizabeth</u> Postal Code: <u>6070</u> Contact: <u>Rene Newfeldt</u> Phone: <u>041 367 7318</u>				Consignee's Details. Full Street Address Please Company Name: <u>Le Creuset Warehouse</u> Street Address: <u>Unit 5 Heron Park Olive Grove Industrial Estate Old Paardefontein Road Somerset West</u> Suburb: <u>Somerset West</u> City / Town: <u>Lake Town</u> Postal Code: <u>8001</u> Contact: <u>Online (Mary + Yolanda)</u> Phone: <u>021 851 7178</u>				Mark Service Required <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: <u>South Africa</u>		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)		BLNS Customs Tariff					
Sender's Reference: <u>UTI 431 4688</u>				Analysis Code				1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>									
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>0277 66</u>												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 AUTHORISED SIGNATURE: <u>[Signature]</u>		DATE: <u>21/08/2018</u>		Total Mass (Kg)	
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)									
<input type="checkbox"/>										

POD COPY

Goods received in full without damage (unless endorsed)
 Name Of Receiver (PLEASE PRINT CLEARLY)
MARY
 Date Received: 22 08 18 Time Received: 0950
 Signature: [Signature]

Received By DSV
 Name Of Courier (PLEASE PRINT CLEARLY)
SIYIA
 Date Received: 21 08 18 Time Received: 1508
 Signature: [Signature]

