

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



SUBBD27502792

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Replacements
SUB # T04613053

Sender's Details Company Name: LE CREUSET Street Address: LE CREUSET WALMER PARK CO. REG.: 1997/021366/07 VAT: 4160178069 Suburb: WALMER TEL: 021 367 2318 EMAIL: walmer.store.za@lecreuset.com Contact: Kere Neufeldt Phone: 041 367 2318		Consignee's Details. Full Street Address Please Company Name: Le Creuset Warehouse Street Address: Unit 5 Heron Park Oliver Grove Industrial Estate Old Borderline Road Suburb: Somerset West City / Town: Cape Town Postal Code: 7800 Contact: Jenna + Fanci Phone: 021 851 7178				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 BLNS Customs Tariff	
Destination Country: South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Sender's Reference: UTI4271488		Analysis Code	
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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i> DATE: 17/08/18					
Total Parcels: <input type="checkbox"/>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		Total Mass (Kg)					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): BASIL				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): S14A			
Date Received: 200818		Time Received: 0930		Date Received: 170818		Time Received: 1145	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

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