

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



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SUBBD27548424

UTI: 4973845


<b>Sender's Details</b> Company Name..... <b>LE CREUSET WATERCREST</b> Street Address..... <b>INANDA ROAD WATERFALL DURBAN</b> Suburb..... City / Town..... <b>DUR</b> Postal Code..... <b>3652</b> Contact..... Phone..... <b>031 763 1525</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name..... <b>LE CREUSET WAREHOUSE</b> Street Address..... <b>UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL SOMEREST WEST</b> Suburb..... <b>CAPE TOWN</b> City / Town..... <b>CAPE TOWN (CPT)</b> Postal Code..... <b>7129</b> Contact..... <b>JENNER</b> Phone..... <b>021 851 7178</b>				<b>Mark Service Required</b> <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 <input type="checkbox"/> BLNS Customs Tariff
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		Sender's Reference: <b>2EM KETTLE COTTON</b> Analysis Code:				
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <input type="checkbox"/> Bill To Sender <input type="checkbox"/> 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"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i>		DATE: <b>08/10/18</b>		
<b>Total Parcels</b>		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
1		1 BOX				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>BASIL</b>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>SIVABONGA</b>			
Date Received: <b>11/10/18</b>		Time Received: <b>11:14</b>	Date Received: <b>09/10/18</b>		Time Received: <b>15:30</b>	
Signature: <i>[Signature]</i>			Signature: <i>[Signature]</i>			

POD COPY

Version Control (08/2017)