CONTRACT FOR CARRIAGE / DISPATCH NOTE

DSV

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

SUBBD27555091

2 2 2 E E E 2 2 2

POD COPY

Sender's Details

Contact Name: Le Creuset Baywest Mall
Street Address:
LE CREUSET BAYWEST MALL
CO. REG.: 1997/021366/07
VAT: 4160178069
Suburb:
TEL: 041 004 0011
EMAIL: baywest.store1@lecreuset.com
City / Town: Gqeberha Postal Code: 6001
Contact: Rene Rowland
Phone: 041 04 04H

Consignee's Details. Full Street Address Please

Company Name: Le Creuset Warehouse
Street Address: Unit 5 Heron Park.
Alne Farm Industrial Estate
old Paardevlei Road.
Somerset West
City / Town: Cape Town Postal Code: 7130
Contact: Francois Jerma.
Phone: 021 851 7178.

Mark Service Required
- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service
- Economy
- After Hours

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. 027760

Bill To Sender ☐ Consignee ☐ Other (Name Please) ☐

If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges

1. ONLINE ☐

3. EFT ☐

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: [signature] DATE: 18/04/18

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number

Total Mass (Kg)

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)	
1	1	51	49	37	3

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): Elvino

Date Received: 190418

Time Received: 0950

Signature: [signature]

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY):

Date Received: DD MM YY

Time Received: HH MM

Signature:

Version Control (08/2017)