

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



SUBBD27555115

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>Le Creuset Baywest</u>		Company Name: <u>Le Creuset Head Office</u>				<input type="checkbox"/> Same Day	
Street Address: <u>Shop LG43 A</u>		Street Address: <u>Unit 5 Heron Park</u>				<input type="checkbox"/> Express	
<u>Baywest Mall, N2</u>		<u>Olive Grove Industrial Estate</u>				<input type="checkbox"/> With Sunrise Option	
<u>Port Elizabeth</u>		<u>Old Paardevlei Road</u>				<input type="checkbox"/> With Saturday Service	
Suburb: <u>Walker Drive Ext</u>		Suburb: <u>Somerset</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>Kene Newfeldt</u>		Contact: <u>Lisa De Beer</u>				<input type="checkbox"/> After Hours	
Phone: <u>041 004 0011</u>		Phone: <u>021 851 7178</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <u>South Africa</u>		Lesotho		Namibia		Swaziland	
Sender's Reference: <u>4TII10055392</u>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
<p>SPECIAL INSTRUCTIONS</p> <p>Bill Charges To Account No: <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/></p> <p>If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges</p> <p>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 14.8 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).</p>							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u>		DATE: <u>22/01/2018</u>	
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM): <u>36</u>		WIDTH (CM): <u>36</u>	
				HEIGHT (CM): <u>2</u>		Total Mass (Kg): <u>1</u>	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): <u>FRANCI PRANCI</u>				Name Of Courier (PLEASE PRINT CLEARLY): <u>XOLANI</u>			
Date Received: <u>220118</u>				Date Received: <u>220118</u>			
Time Received: <u>0942</u>				Time Received: <u>1656</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

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