

CONTRACT FOR CARRIAGE / DISPATCH NOTE

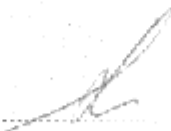
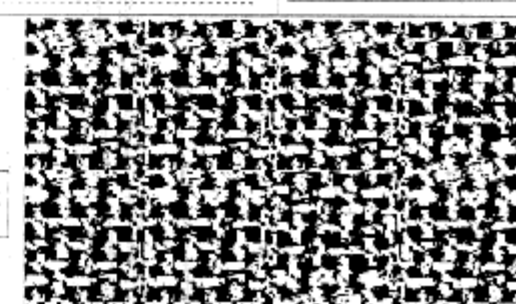

DSV

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



SUBBD27557392

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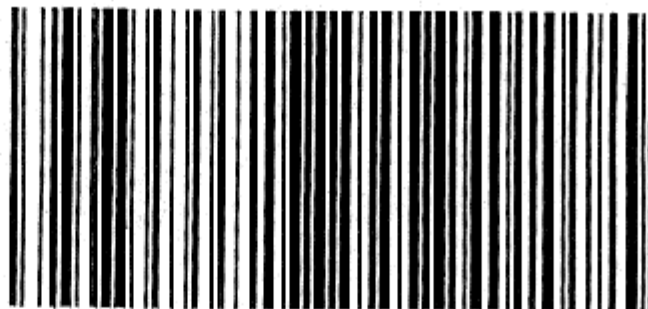
Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name <u>LE CREUSET WALTER PARK SHOP 103</u>				Company Name <u>Shaakira Dhadra</u>				<input type="checkbox"/> Same Day			
Street Address <u>WALTER PARK SHOPPING CENTRE WALTER PARK</u>				Street Address <u>25 Canna Crescent Blyc Bend</u>				<input type="checkbox"/> Express			
Suburb <u>PORT ELIZABETH 6070</u>				Suburb <u>East London</u>				<input type="checkbox"/> With Sunrise Option			
City/Town <u>RENE</u>		Postal Code <u>6070</u>		City/Town <u>Port Elizabeth</u>		Postal Code <u>5241</u>		<input type="checkbox"/> With Saturday Service			
Contact <u>RENE</u>				Contact <u>Shaakira</u>				<input type="checkbox"/> Public Holiday Service			
Phone <u>041 367 2318</u>				Phone <u>072 587 7559</u>				<input checked="" type="checkbox"/> Economy			
Destination Country		South Africa		Lesotho		Namibia		<input type="checkbox"/> After Hours			
		Botswana				Swaziland		<input type="checkbox"/> BLNS Customs Tariff			
						Other (Please Specify)					
Sender's Reference				Analysis Code							
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. <u>027766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>			
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>07/03/2018</u> DATE		3. EFT <input type="checkbox"/>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number						Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)			
1											
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)							
TRACY				XOLANI							
Date Received:		Time Received:		Date Received:		Time Received:					
080318		1040		070318		1510					
Signature: <u>Thudelane</u>				Signature: 							

POD COPY

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Reg. No. 2000/016342/07
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Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name <u>LE CREUSE / WALMER PARK SHOP 103</u>				Company Name <u>Shaakira Dhoda</u>				<input type="checkbox"/> Same Day			
Street Address <u>WALMER PARK SHOPPING CENTRE</u>				Street Address <u>25 Canna Crescent</u>				<input type="checkbox"/> Express			
<u>WALMER PARK</u>				<u>Blue Bend</u>				<input type="checkbox"/> With Sunrise Option			
Suburb <u>PORT ELIZABETH 6070</u>				Suburb <u>East London</u>				<input type="checkbox"/> With Saturday Service			
City / Town <u>PORT ELIZABETH</u>		Postal Code <u>6070</u>		City / Town <u>Port Elizabeth</u>		Postal Code <u>5241</u>		<input checked="" type="checkbox"/> Economy X			
Contact <u>RENE</u>				Contact <u>Shaakira</u>				<input type="checkbox"/> After Hours			
Phone <u>041 867 2318</u>				Phone <u>072 587 7555</u>				<input type="checkbox"/> 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. <u>027766</u>				Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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						3. EFT <input type="checkbox"/>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)	
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Goods received in full without damage (unless endorsed)						Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)						Name Of Courier (PLEASE PRINT CLEARLY)					
TRACY						XOLANI					
Date Received:			Time Received:			Date Received:			Time Received:		
080318			1040			070318			1510		
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>					

POD COPY