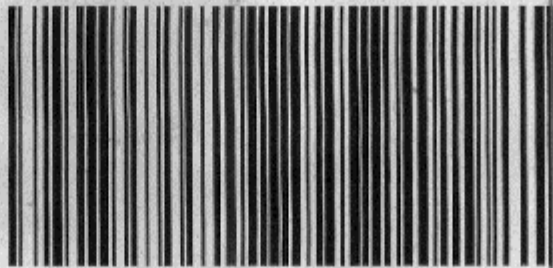


CONTRACT FOR CARRIAGE / DISPATCH NOTE

Damages + Replacemer
2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 673 2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD27557396

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET WALMER PARK</u>				Company Name <u>Le Creuset Warehouse</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 103</u>				Street Address <u>Unit 5, Heron Park</u>				<input type="checkbox"/> Express	
<u>WALMER PARK SHOPPING CENTRE</u>				<u>Olive Grove, Industrial, Est.</u>				<input type="checkbox"/> With Sunrise Option	
<u>WALMER PARK</u>				<u>Old Poardevlei Rd.</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>PORT ELIZABETH</u>				Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> Public Holiday Service	
City/Town <u>6070</u>				City/Town <u>Cape Town</u>				<input checked="" type="checkbox"/> Economy	
Postal Code <u>RENE</u>				Postal Code <u>7130</u>				<input type="checkbox"/> After Hours	
Contact <u>RENE</u>				Contact <u>Jenna & Francis</u>				<input type="checkbox"/> BLNS Customs Tariff	
Phone <u>041 367 2318</u>				Phone <u>021 851 7178</u>				<input type="checkbox"/> 1. ONLINE	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
Swaziland		Other		(Please Specify)		<input type="checkbox"/> 3. EFT		Total Mass (Kg)	
Sender's Reference <u>UTI</u>				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"/>	
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 14.6, 14.6 AND 14.7 OVERLEAF).									
				<u>[Signature]</u>				<u>03.04.18</u>	
				SENDER'S AUTHORISED SIGNATURE				DATE	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number									
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>1</u>									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<u>EIVINO</u>					<u>ZAMA</u>				
Date Received:					Date Received:				
<u>040418</u>					<u>030418</u>				
Time Received:					Time Received:				
<u>0910</u>					<u>1240</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control (04/2017)

