

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. 4880189585



SUBBD27574540

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le creuset killarney</u>		Company Name <u>Le creuset killarney Nicolway</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 100</u>		Street Address <u>Shop L21</u>				<input type="checkbox"/> Express	
<u>Killarney mall</u>		<u>Nicolway Shopping centre</u>				<input type="checkbox"/> With Sunrise Option	
<u>Riviera Road</u>		<u>William Nicol Drive</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Killarney</u>		Suburb <u>Bryanston</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>JHB</u> Postal Code <u>2195</u>		City / Town <u>JHB</u> Postal Code <u>2191</u>				<input type="checkbox"/> Seaside	
Contact <u>Nitasha</u>		Contact <u>Zanele</u>				<input type="checkbox"/> After Hours	
Phone <u>011 646 6316</u>		Phone <u>011 706 2198</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <u>UT11219340</u>		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>0277616</u>		Bill To <input type="checkbox"/> Sender		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>Zanele</u>		<u>13.03.2018</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)	
<u>1</u>		<u>1 Box</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>Sindi</u>				<u>Special</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>14 03 18</u>		<u>1515</u>		<u>13 03 18</u>		<u>16 19</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

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