

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



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SUBBD27574545

Damaged

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <i>Le creuset killarney</i>		Company Name <i>Le creuset SA</i>				<input type="checkbox"/> Same Day	
Street Address <i>Shop 100 killarney mall Riviera Road killarney</i>		Street Address <i>Unit 5, Heron Park olive grove, Industrial Estate old Paardevlei Rd Somerset west</i>				<input type="checkbox"/> Express	
Suburb <i>killarney</i>		Suburb <i>Somerset west</i>				<input type="checkbox"/> With Sunrise Option	
City/Town <i>JHB</i> Postal Code <i>2190</i>		City/Town <i>Cape town</i> Postal Code <i>7130</i>				<input type="checkbox"/> With Saturday Service	
Contact <i>Natasha</i>		Contact <i>Jenna France</i>				<input type="checkbox"/> Public Holiday Service	
Phone <i>011 646 6316</i>		Phone <i>021 851 7178</i>				<input checked="" type="checkbox"/> Economy	
Destination Country		Other (Please Specify)				<input type="checkbox"/> After Hours	
South Africa		Lesotho				<input type="checkbox"/> BLNS Customs Tariff	
Botswana		Namibia				<input type="checkbox"/> 1. ONLINE	
Lesotho		Swaziland				<input type="checkbox"/> 3. EFT	
Namibia		Analysis Code				<input type="checkbox"/> Total Mass (Kg)	
Swaziland		Sender's Reference <i>UT11195552</i>					
Other (Please Specify)							
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <i>027766</i>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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).				<i>Ziborano</i>		<i>12.03.2018</i>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)							
<i>1</i>		<i>1 Box</i>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
<i>ECUINO</i>				<i>Special</i>			
Date Received:		Time Received:		Date Received:		Time Received:	
<i>140318</i>		<i>1120</i>		<i>120318</i>		<i>1632</i>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

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