

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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SUBBD27574556

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 SA</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop 100 Killarney mall</u>		Street Address <u>Unit 5, Heron Park Olive grove, Industrial Estate</u>				<input type="checkbox"/> Express
Suburb <u>Killarney</u>		Suburb <u>Somerset west</u>				<input type="checkbox"/> With Sunrise Option
City/Town <u>JHB</u>	Postal Code <u>2193</u>	City/Town <u>Cape town</u>	Postal Code <u>7130</u>			<input type="checkbox"/> With Saturday Service
Contact <u>Natasha</u>		Contact <u>MARY</u>				<input type="checkbox"/> Public Holiday Service
Phone <u>011 646 6316</u>		Phone <u>021 851 7178</u>				<input checked="" type="checkbox"/> Economy
Destination Country <u>South Africa</u>		<input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> After Hours
Sender's Reference <u>UT12099798</u>		Analysis Code				BLNS Customs Tariff
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"/>						
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						
Total Parcels <u>1</u>		NO. OF PARCELS PER DIMENSIONS <u>1 Box</u>		LENGTH (CM) WIDTH (CM) HEIGHT (CM)		Total Mass (Kg)
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MARY</u>						
Date Received: <u>240418</u>			Time Received: <u>1010</u>			
Signature: <u>[Signature]</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>LABI</u>			
Date Received: <u>200418</u>			Time Received: <u>1130</u>			
Signature: <u>[Signature]</u>			Signature: <u>[Signature]</u>			

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Version Control (08/2017)