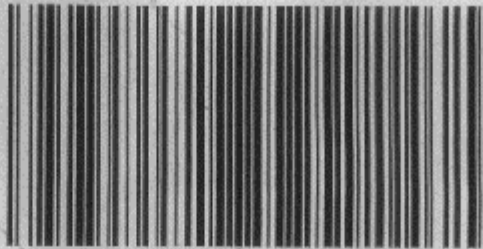


**CONTRACT FOR CARRIAGE / DISPATCH NOTE**

2 2 2 E E E 2 2 2

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



**SUBBD27574623**


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 Hyde Park</u>					<input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff
Street Address: <u>Shop 100</u>		Street Address: <u>Shop 71</u>					
<u>Killarney mall</u>		<u>Upper mall Hyde Park corner</u>					
<u>Riverside Rd</u>		<u>Clonman courts &amp; 6th Ave</u>					
Suburb: <u>Killarney</u>		Suburb: <u>Hyde Park</u>					
City/Town: <u>JHB</u> Postal Code: <u>2193</u>	City/Town: <u>JHB</u> Postal Code: <u>2196</u>						
Contact: <u>Nolusha</u>		Contact: <u>Patrika</u>					
Phone: <u>011 646 6316</u>		Phone: <u>011 375 5605</u>					
Destination Country: <u>South Africa</u>		<u>Botswana</u>	<u>Lesotho</u>	<u>Namibia</u>	<u>Swaziland</u>	<u>Other</u> (Please Specify)	
Sender's Reference: <u>Teaplates</u>		Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>							
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 14.3 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACES PROVIDED. (SEE CLAUSE 14.5, 14.6 AND 14.7 OVERLEAF).							
SENDER'S AUTHORIZED SIGNATURE: <u>Dubazanga</u>					DATE: <u>25.06.2018</u>		
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>	
1		1 Box					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
MPHO			JOL				
Date Received:		Time Received:		Date Received:		Time Received:	
06 06 18		03 27		25 06 18		17 18	
Signature:			Signature:				

POD COPY

Version Control: (03/2017)

