

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. 4080195685



SUBBD27574635

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>Lebreusd Killarney</u>		Company Name: <u>Le Creuset SA</u>				<input type="checkbox"/> Same Day	
Street Address: <u>Shop 100 Killarney Mall Riviera Road Killarney</u>		Street Address: <u>Shop 71 Upper Mall Hyde Park corner CID Jan Smuts 6th Avenue Hyde Park</u>				<input type="checkbox"/> Express	
Suburb: <u>Killarney</u>		Suburb: <u>Hyde Park</u>				<input type="checkbox"/> With Sunrise Option	
City/Town: <u>TNB</u> Postal Code: <u>2193</u>		City/Town: <u>TNB</u> Postal Code: <u>2196</u>				<input type="checkbox"/> With Saturday Service	
Contact: <u>Matasha</u>		Contact: <u>Latricia</u>				<input type="checkbox"/> Public Holiday Service	
Phone: <u>011 646 6316</u>		Phone: <u>011 325 5606</u>				<input checked="" type="checkbox"/> Freight	
Destination Country: <u>South Africa</u>		(Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference: <u>UT1172726199</u>		Analysis Code: _____				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>024766</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 AND 14.7 OVERLEAF).							
				<u>Molise</u>		<u>01.05.2018</u>	
				SENDER'S AUTHORIZED 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)	Total Mass (Kg)	
<u>1</u>		<u>BOX</u>					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): <u>REFILWE</u>				Name Of Courier (PLEASE PRINT CLEARLY): <u>JOL</u>			
Date Received: <u>040818</u>		Time Received: <u>1336</u>		Date Received: <u>010618</u>		Time Received: <u>1405</u>	
Signature: <u>Stange</u>				Signature: <u>[Signature]</u>			

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Version Control (09/2017)

