

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



SUBBD27592425

2 2 2 E B E 2 2 2


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP 6158 GATEWAY THEATRE OF SHOPPING, 1 PALM BOULEVARD, UMHLANGA RIDGE UMHLANGA</b>		Street Address <b>UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEWAEI ROAD SOMERSET WEST</b>				<input checked="" type="checkbox"/> Express	
Suburb <b>UMHLANGA</b>		Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>DURBAN</b> Postal Code <b>4000</b>		City / Town <b>CAPE TOWN</b>		Postal Code <b>7129</b>		<input type="checkbox"/> With Saturday Service	
Contact <b>031 100 1739 CASSANDRA</b>		Contact <b>LISA</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>031 100 1239</b>		Phone <b>021 851 7178</b>				<input type="checkbox"/> Economy	
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		Analysis Code				<input type="checkbox"/> After Hours	
Sender's Reference						<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> 1. ONLINE	
Bill Charges To Account No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) [ ] [ ] [ ] [ ]				<input type="checkbox"/> 3. EFT	
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).		SENDER'S AUTHORIZED SIGNATURE <i>Mcambi</i> DATE <b>06-06-18</b>				Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
<b>Total Parcels</b>		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1		X FLYER					
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
Date Received: <b>070618</b>		Date Received: <b>060618</b>		Time Received: <b>1408</b>			
Signature: <i>LISA</i>		Signature: <i>[Signature]</i>					

POD COPY

Version Control: (08/2017)