

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD27648335


<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name: <b>LE CREUSET HOBART GROVE</b>				Company Name: <b>LE CREUSET BEDFORD</b>				<input type="checkbox"/> Same Day	
Street Address: <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROAD</b>				Street Address: <b>SHOP U17 BEDFORDVIEW CENTRE CND SMITH AND VANDER LINDE STREETS BEDFORDVIEW</b>				<input type="checkbox"/> Express	
Suburb: <b>BRYANSTON</b>				Suburb: <b>BEDFORDVIEW</b>				<input type="checkbox"/> With Sunrise Option	
City/Town: <b>JNB</b>		Postal Code: <b>2021</b>		City/Town: <b>JOHANNESBURG</b>		Postal Code: <b>2008</b>		<input type="checkbox"/> With Saturday Service	
Contact: <b>SEVARIAN</b>				Contact: <b>NATASHA</b>				<input type="checkbox"/> Public Holiday Service	
Phone: <b>011 568 4708</b>				Phone: <b>011 615 1923</b>				<input checked="" 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)									
Sender's Reference				Analysis Code				<input type="checkbox"/> After Hours	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		<input type="checkbox"/> 1. ONLINE	
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 OWNER'S 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, 14.8 AND 14.7 OVERLEAF).									
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>	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Natasha</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>S. CAS</b>				
Date Received: <b>06 07 18</b>		Time Received: <b>10 35</b>			Date Received: <b>05 07 18</b>		Time Received: <b>15 40</b>		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

*[Signature]* **04/07/2018**  
SENDER'S AUTHORISED SIGNATURE DATE

Version Control (09/2017)