

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Recs 0051
 Tel (012) 673 2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685



SUBBD27648362

2 2 2 E E E 2 2 2

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET HOBART GROVE</u>		Company Name <u>Le Creuset Cresta Shop</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP G1 CNR HOBART & GROSVENOR ROAD</u>		Street Address <u>Shop 4/1 Cresta Shopping Centre Bejers Naude Drive</u>				<input type="checkbox"/> Express	
Suburb <u>BRYANSTON</u>		Suburb <u>Cresta</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>JNB</u>	Postal Code <u>2021</u>	City / Town <u>JNB</u>	Postal Code <u>2021</u>	<input type="checkbox"/> With Saturday Service			
Contact <u>SEVARIAN</u>		Contact <u>MINDIE</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 568 4708</u>		Phone <u>011 476 6010</u>				<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)	
Sender's Reference <u>UTI 0468727</u>		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027765</u>	Bill To <input checked="" type="checkbox"/> Sender	<input type="checkbox"/> Consignee	<input type="checkbox"/> Other (Name Please)				
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		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	<input type="checkbox"/> 1. ONLINE	
						<input type="checkbox"/> 3. EFT	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>MATHAPELO</u>						LE CREUSET CO. REG. 1367/02/1366/07 VAT 4950178009 TEL 011 476 6010 DATE: 08/02/18 cre@lecreuset.com	
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Colin</u>							
Date Received: <u>09 02 18</u>		Time Received: <u>07:47</u>		Date Received: <u>08 02 18</u>			Time Received: <u>10:00</u>
Signature: <u>del llanto</u>							

Total Mass (Kg)