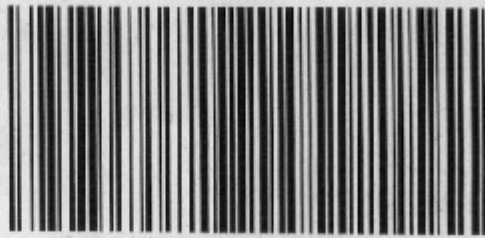


CONTRACT FOR CARRIAGE / DISPATCH NOTE



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. 4890189635



SUBBD27650824

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET		Company Name: Le creuset LA Lucia				<input type="checkbox"/> Same Day	
Street Address: CNR KLIPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062		Street Address: Shop 3 LA Lucia Mall				<input type="checkbox"/> Express	
MALL OF THE SOUTH		90 William Campbell Drive				<input type="checkbox"/> With Sunrise Option	
ASPEN HILLS		La Lucia				<input type="checkbox"/> With Saturday Service	
Suburb: ASPEN HILLS		Suburb: Durban				<input type="checkbox"/> Public Holiday Service	
City / Town: JNB Postal Code: 2013		City / Town: KEN Postal Code: 4051				<input checked="" type="checkbox"/> Economy	
Contact: LULO NONOISE		Contact: Elizabeth				<input type="checkbox"/> After Hours	
Phone: 010 500 0223		Phone: 031 570 5045				<input type="checkbox"/> DLNS Customs Tariff	
Destination Country: <input checked="" type="checkbox"/> South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)				<input type="checkbox"/> 1. ONLINE	
Sender's Reference: U714058461		Analysis Code				<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
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)							
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) BRANIGAN				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) OSCAR			
Date Received: 02/08/18		Time Received: 10:40		Date Received: 02/08/18		Time Received: 14:30	
Signature:				Signature:			

POD COPY

Vardon Centre (0832017)

