

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



SUBBD27650879

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSET	Company Name	Le creuset H.O
Street Address	CNR KLIPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062	Street Address	Unit 5 Heron Park Olive Grove Industrial Estate
Suburb	ASPEN HILLS	Suburb	Old Paardevlei Rd
City / Town	JNB	City / Town	Cape Town
Postal Code	2013	Postal Code	7130
Contact	LULO NONOISE	Contact	Vicky
Phone	010 500 0223	Phone	021 851 7178

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	UT1 0258458		Analysis Code			

SPECIAL INSTRUCTIONS

Bill Charges To Account No. Bill To Sender Consignee Other (Name Please)

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 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).

[Signature] **SENDER'S AUTHORISED SIGNATURE** **02/05/18** **DATE**

BLNS Customs Tariff

1. ONLINE

3. EFT

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

Nadine

Date Received: Time Received:

Signature: *[Signature]*

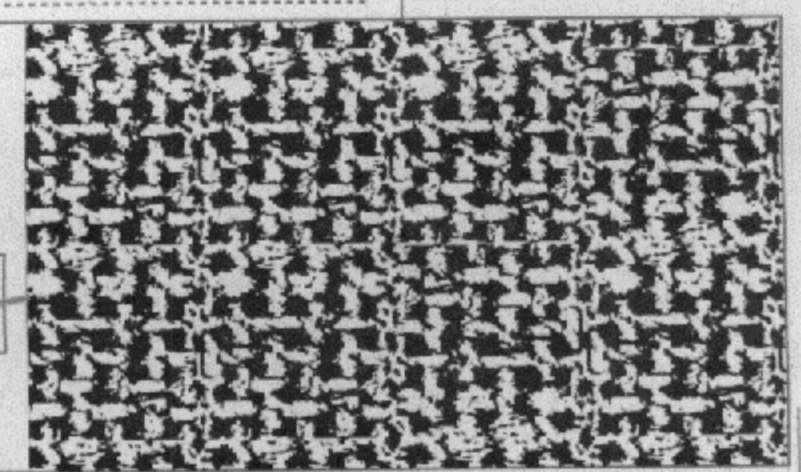
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

Nadine

Date Received: Time Received:

Signature: *[Signature]*



Version Control (08/2017)