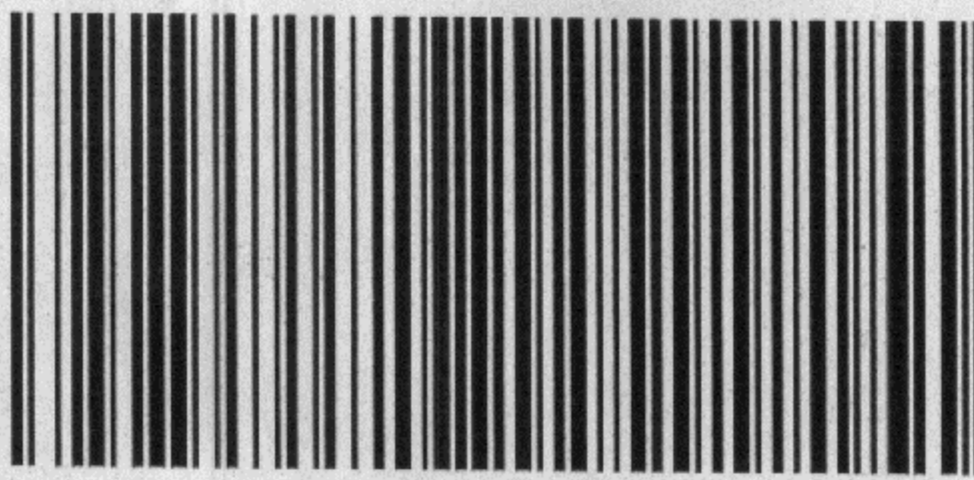


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD27650881


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required			
Company Name <b>LE CREUSET</b>		Company Name <b>Le creuset H.O</b>						<input type="checkbox"/> Same Day			
Street Address <b>CNR KLIPRIVIER DRIVE &amp; SWARTKOPPIES RD- SHOP G062</b>		Street Address <b>Unit 5 Heron Park Olive Grove Industrial Estate Old Paardevlei Rd</b>						<input type="checkbox"/> Express			
Suburb <b>ASPEN HILLS</b>		Suburb <b>Somerset West</b>						<input type="checkbox"/> With Sunrise Option			
City / Town <b>JNB</b>	Postal Code <b>2013</b>	City / Town <b>Cape Town</b>		Postal Code				<input type="checkbox"/> With Saturday Service			
Contact <b>LULO NONOISE</b>		Contact <b>Carmen</b>						<input type="checkbox"/> Public Holiday Service			
Phone <b>010 500 0223</b>		Phone <b>001 851 7171</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 <b>Uti 2201212</b>		Analysis Code						BLNS Customs Tariff			
<b>SPECIAL INSTRUCTIONS</b>											
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>			
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).											
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number								3. EFT <input type="checkbox"/>	
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>		Total Mass (Kg)	
1		22		11		11					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>ELVINO</b>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Andrey</b>					
Date Received: <b>30/04/18</b>			Time Received: <b>10:00</b>			Date Received: <b>25/04/18</b>			Time Received: <b>12:00</b>		
Signature:						Signature:					

POD COPY

Version Control (08/2017)

