

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



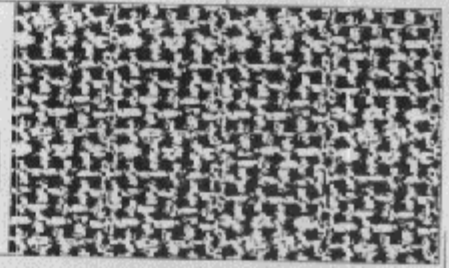
SUBBD27650885

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name Le creuset H.O				<input type="checkbox"/> Same Day	
Street Address CNR KLIPPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062		Street Address Unit 5 Heer Park Olive Grove Industrial Estate Old Paardevlei Road				<input checked="" type="checkbox"/> Express	
MALL OF THE SOUTH		Somerset West				<input type="checkbox"/> With Sunrise Option	
Suburb ASPEN HILLS		Suburb Somerset West				<input type="checkbox"/> With Saturday Service	
City/Town JNB	Postal Code 2013	City/Town Cape Town	Postal Code 7130			<input type="checkbox"/> Public Holiday Service	
Contact LULO NONOISE		Contact Vicky				<input type="checkbox"/> Economy	
Phone 010 500 0223		Phone 021 851 7178				<input type="checkbox"/> After Hours	
Destination Country		Destination Country				BLNS Customs Tariff	
<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)				1. ONLINE <input type="checkbox"/>	
Sender's Reference UT11703177		Analysis Code				3. EFT <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					
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 R250.00 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)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) P de Ber				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) DSV			
Date Received: 040418		Time Received: 0926		Date Received: 030418		Time Received: 1400	
Signature: [Signature]				Signature: [Signature]			

Total Mass (Kg)



Version Control: (08/2017)