

**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



SUBBD27723608

2 2 2 E E E 2 2 2


**Sender's Details**

**Consignee's Details. Full Street Address Please**

Mark Service Required

Company Name motelerkamp  
 Street Address 3 Union street  
off waterfront Drive  
 Suburb \_\_\_\_\_  
 City / Town KNISNA Postal Code 6570  
 Contact Portia  
 Phone 044 382 0874

Company Name Le Cleuset  
 Street Address Unit 5 Heron Park  
Olive Grove Industrial Estate  
The Inter change Somerset  
 Suburb \_\_\_\_\_  
 City / Town CAPE TOWN Postal Code \_\_\_\_\_  
 Contact Mariska  
 Phone 021 851 7178

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS  
 Customs  
 Tariff

Destination Country  South Africa  Botswana  Lesotho  Namibia  Swaziland  Other (Please Specify)

Sender's Reference \_\_\_\_\_ Analysis Code \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. \_\_\_\_\_ Bill To  Sender  Consignee  Other (Name Please)  12/02/2019  
 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).

SENDER'S AUTHORISED SIGNATURE [Signature]

DATE 12/02/2019

1. ONLINE

3. EFT

Total Mass (Kg)

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number \_\_\_\_\_

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

1

BOX

Goods received in full without damage (unless endorsed)  
 Name Of Receiver (PLEASE PRINT CLEARLY)

BASIL

Date Received: 130219 Time Received: 1315

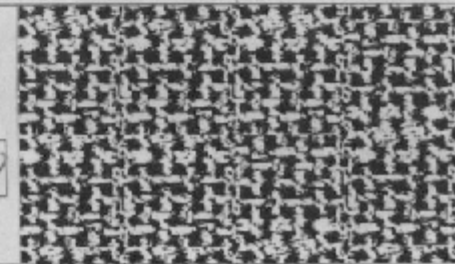
Signature: [Signature]

Received By DSV  
 Name Of Courier (PLEASE PRINT CLEARLY)

NOI AN

Date Received: 120219 Time Received: 1600

Signature: [Signature]



POD COPY

Vendor Control (09/2017)