

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



SUBBD27811822

2 2 2 E E E 2 2 2


Sender's Details

Company Name **LE CREUSET BOUTIQUE STO**  
 Street Address **SHOP 176  
 CANAL WALK SHOP.CNTR  
 LOWER GROUND LEVEL**  
**CENTURY CITY**  
 Suburb  
 City / Town **CAPE TOWN** Postal Code **7441**  
 Contact **ABBY**  
 Phone **021 551 0225**

Consignee's Details. Full Street Address Please

Company Name **LE CREUSET SOUTH AFRICA**  
 Street Address **SHOP 6197, VICTORIA WHARF  
 CENTRE, V&A WATERFRONT**  
 Suburb **WATERFRONT**  
 City / Town **CAPE TOWN** Postal Code **8001**  
 Contact **CINDY - LYNN**  
 Phone **021-421 8521**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS  
 Customs  
 Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference						Analysis Code

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No. **027766**

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]* **10 MAY 2018**  
 SENDER'S AUTHORISED SIGNATURE DATE

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				

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)  
**CINDY**

Date Received: **11 05 18** Time Received: **1 259**

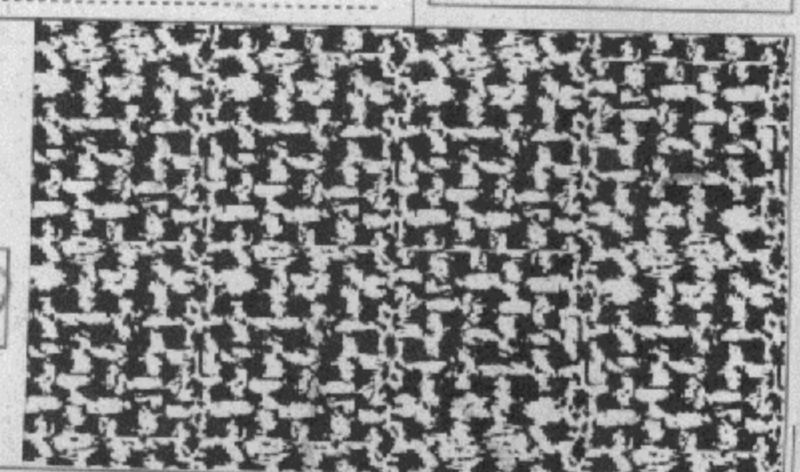
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)  
**MARTIN**

Date Received: **10 05 18** Time Received: **16 30**

Signature: *[Signature]*



POD COPY

Version Control (06/2017)