

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 1/4 DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685



SUBBD27826282

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name LE CREUSET		Company Name Le Creuset				<input type="checkbox"/> Same Day
Street Address SHOP 6197 V & A WATERFRONT VICTORIA WHARF CENTRE		Street Address Shop 45 Somerset Mall Somerset West Cape Town				<input type="checkbox"/> Express
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option
City / Town CAPE TOWN Postal Code 8001		City / Town CINDY Postal Code 7130				<input type="checkbox"/> With Saturday Service
Contact		Contact Elize				<input type="checkbox"/> Public Holiday Service
Phone 021 421 8521		Phone 021 851 0661				<input type="checkbox"/> Electronic
Destination Country		Destination Country				<input type="checkbox"/> After Hours
South Africa		South Africa				<input type="checkbox"/> BLNS Customs Tariff
Botswana		Botswana				<input type="checkbox"/> 1. ONLINE
Lesotho		Lesotho				<input type="checkbox"/> 3. EFT
Namibia		Namibia				<input type="checkbox"/> Total Mass (Kg)
Swaziland		Swaziland				
Other (Please Specify)		Other (Please Specify)				
Sender's Reference UT10798741		Analysis Code				
SPECIAL INSTRUCTIONS						
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <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						
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
1						
Goods received in full without damage (unless endorsed)			Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)			Name Of Courier (PLEASE PRINT CLEARLY)			
ROSHAN			NUT			
Date Received:		Time Received:		Date Received:		
230218		1348		220718		
Signature: <i>[Signature]</i>			Signature: <i>[Signature]</i>			

POD COPY

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