

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



SUBBD27862137

2 2 2 E E E 2 2 2

SUBHT 10731290


Sender's Details		Consignee's Details. Full Street Address Please			
Company Name	LE CREUSET	Company Name	LE CREUSET		
Street Address	Shop G 158	Street Address	UNIT 5, HERON PARK		
	1 Palm Boulevard		OLIVE GROVE INDUSTRIAL ESTATE		
	Umhlanga Ridge		OLD PARDEVELEI ROAD		
Suburb	New Town Centre, Umhlanga	Suburb	SOMERSET WEST		
City / Town	DURBAN	City / Town	CAPE TOWN		
Postal Code	4000	Postal Code	7129		
Contact	SASHA	Contact	SERNA / FRANC		
Phone	031 100 1239	Phone	021 851 7178		
Destination Country	South Africa	Other	(Please Specify)		
Sender's Reference	UTL 9639100				

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No.  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).

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
2	2 x Box			

1. ONLINE

3. EFT

Total Mass (Kg)

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

ECVIMO

Date Received: 050118

Time Received: 0925

Signature: *[Signature]*

Received By DSV

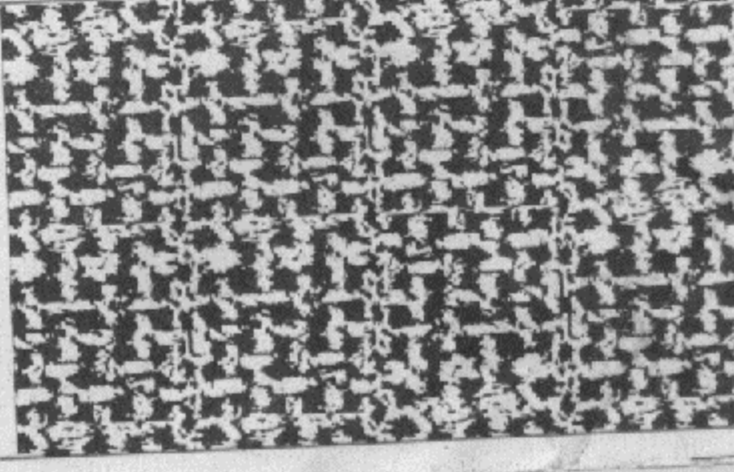
Name Of Courier (PLEASE PRINT CLEARLY)

MXGLISH

Date Received:

Time Received:

Signature: *[Signature]*



POD COPY

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