

CONTRACT FOR CARRIAGE / DISPATCH NOTE

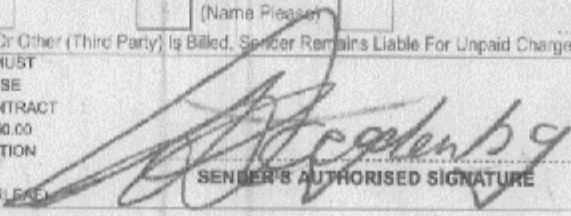
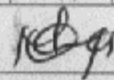

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DSV-Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD27921691

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name	J. KOEGELENBERG	Company Name	LE CREUSET			<input type="checkbox"/>		
Street Address	36 THOR CIRCLE VIKING PLACE	Street Address	UNIT 5 OLIVE GROVE IND THE INTERCHANGE			<input type="checkbox"/> Same Day		
Suburb	GOODWOOD	Suburb	SOMERSET WEST			<input type="checkbox"/> Express		
City / Town		City / Town	SOMERSET WEST			<input type="checkbox"/> With Sunrise Option		
Postal Code	7460	Postal Code				<input type="checkbox"/> With Saturday Service		
Contact	JOHANN KOEGELENBERG	Contact	MARY DE COITZ			<input type="checkbox"/> Public Holiday Service		
Phone	082 922 7514	Phone	021 851 7178			<input type="checkbox"/> Economy		
Destination Country	South Africa	Lesotho	Namibia	Swaziland	Other	<input type="checkbox"/> After Hours		
Sender's Reference		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff		
SPECIAL INSTRUCTIONS								
Bill Charges To Account No.		Bill To	Consignee	Other				
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 14.6, 14.6 AND 14.7 OVERLEAF)								
 SENDER'S AUTHORIZED SIGNATURE						DATE 5/1/2018		
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)	Total Mass (Kg)			
1								
Goods received in full without damage (unless endorsed)				Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
Nasrul				MATHIAS				
Date Received:		Time Received:		Date Received:		Time Received:		
05 01 18		08H45		05 01 18		12 48		
Signature: 				Signature: 				

POD COPY

Version Control: (06/2007)

