

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



SUBBD28131462

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset; Centurion</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 312 E</u>		Street Address <u>Unit 1; Heion Park</u>				<input type="checkbox"/> Express	
<u>Centurion Mall</u>		<u>Olive Grove Industrial Estate</u>				<input type="checkbox"/> With Sunrise Option	
<u>Heuwel Avenue</u>		<u>Old Paardevlei road</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Centurion</u>		Suburb <u>Somerset - West</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>Pretoria</u> Postal Code		City / Town <u>Cape Town</u> Postal Code <u>8001</u>		<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>		<input type="checkbox"/> After Hours	
Contact <u>Eureka</u>		Contact <u>Franca; Jenna</u>				BLNS Customs Tariff	
Phone <u>(012) 004 0217</u>		Phone <u>021 851 7178</u>				1. ONLINE <input type="checkbox"/>	
Destination Country		South Africa		Botswana		3. EFT <input type="checkbox"/>	
		Lesotho		Namibia		Total Mass (Kg)	
		Swaziland		Other (Please Specify)			
Sender's Reference <u>WHISTLER REPAIR.</u>		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		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		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>		DATE <u>11/06/18</u>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>1</u>		<u>Box</u>					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>BASTIL</u>				<u>Eureka</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>140618</u>		<u>1022</u>		<u>120618</u>		<u>1245</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

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