

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 1/a DSV Distribution
 PO Box 63, The Reefs 0051
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4690169635



SUBBD28212323

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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | |
|--|--|--|--|---|--|---|--|
| Company Name LE CREUSET BRYANSTON | | Company Name LE CREUSET CRESTA | | | | <input type="checkbox"/> Same Day | |
| Street Address SHOP G1 CNR HOBART & GROSVENOR ROADS | | Street Address SHOP 444 CRESTA SHOPPING CENTRE BEYERS NAUDE DRIVE CRESTA | | | | <input type="checkbox"/> Express | |
| Suburb BRYANSTON | | Suburb CRESTA | | | | <input type="checkbox"/> With Sunrise Option | |
| City/Town JNB Postal Code 2021 | | City/Town JOHANNESBURG Postal Code 2021 | | | | <input type="checkbox"/> With Saturday Service | |
| Contact SEVARIAN | | Contact SISA | | | | <input type="checkbox"/> Public Holiday Service | |
| Phone 011 568 4708 | | Phone 011 476 6010 | | | | <input checked="" type="checkbox"/> Economy | |
| Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) | | | | | | <input type="checkbox"/> After Hours | |
| Sender's Reference | | Analysis Code | | | | BLNS Customs Tariff | |
| SPECIAL INSTRUCTIONS | | | | | | | |
| Bill Charges To Account No. 027766 | | Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) | | | | 1. ONLINE <input type="checkbox"/> | |
| 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). | | | | | | | |
| | | | | <i>[Signature]</i> | | 12/7/2018 | |
| | | | | SENDER'S AUTHORISED SIGNATURE | | DATE | |
| 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) | |
| 1 | | | | | | | |
| Goods received in full without damage (unless endorsed) | | | | Received By DSV | | | |
| Name Of Receiver (PLEASE PRINT CLEARLY) NOMBUCELO | | | | Name Of Courier (PLEASE PRINT CLEARLY) SISA | | | |
| Date Received: 130718 | | Time Received: 1137 | | Date Received: 120718 | | Time Received: 1630 | |
| Signature: <i>[Signature]</i> | | | | Signature: <i>[Signature]</i> | | | |

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Version Control (08/03/17)

