

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. 4080189685



SUBBD28212332

2 2 2 E E E 2 2 2


Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLN's  
Customs  
Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

Company Name **LE CREUSET BRYANSTON**  
Street Address **SHOP G1  
CNR HOBART & GROSVENOR ROADS**  
Suburb **BRYANSTON**  
City/Town **JNB** Postal Code **2021**  
Contact **SEVARIAN**  
Phone **011 568 4708**

Company Name **Le Creuset Bedford**  
Street Address **Shop UIT Bedfordview  
Centre CNR Smith and Van  
der Walle Streets**  
Suburb **Bedfordview**  
City/Town **JHB** Postal Code **2008**  
Contact **NATASHA**  
Phone **011 415 1209**

Destination Country  South Africa  Botswana  Lesotho  Namibia  Swaziland  Other (Please Specify)  
Sender's Reference  
Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**  
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).

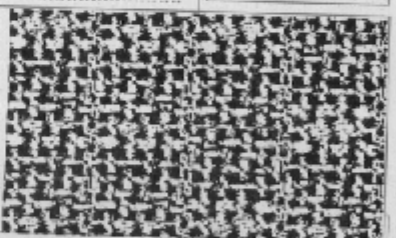
*Natasha*  
SENDER'S AUTHORIZED SIGNATURE  
DATE **12/07/2018**

e-mail / Fax / Proof of Delivery  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)  
Name of Receiver (PLEASE PRINT CLEARLY) **Natasha**  
Date Received: **1304R** Time Received: **1145**  
Signature: *[Signature]*

Received By DSV  
Name Of Courier (PLEASE PRINT CLEARLY) **SILCAS**  
Date Received: **12 07 18** Time Received: **1630**  
Signature: *[Signature]*



POD COPY

Version Control (04/2017)