

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds 0091
 Tel: (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685



SUBBD28212358

2 2 2 E E E 2 2 2

Sender's Details

Company Name: **LE CREUSET BRYANSTON**

Street Address: **SHOP G1
CNR HOBART & GROSVENOR ROADS**

Suburb: **BRYANSTON**

City/Town: **JNB** Postal Code: **2021**

Contact: **SEVARTIAN**

Phone: **011 568 4708**

Consignee's Details. Full Street Address Please

Company Name: **LE CREUSET Killarney**

Street Address: **Shop 100 Killarney Mall
bc Riviera Road**

Suburb: **Killarney**

City/Town: **Johannesburg** Postal Code: **2193**

Contact: **Fundi**

Phone: **011 bub 6316**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

1. ONLINE

3. EFT

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other

Analysis Code

Sender's Reference

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).

SENDER'S AUTHORISED SIGNATURE _____ DATE _____

Total Mass (Kg)

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

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY): **FUNDI**

Date Received: **270718**

Time Received: **0945**

Signature: *[Signature]*

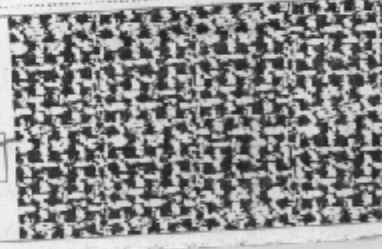
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY): *[Signature]*

Date Received: **260718**

Time Received: **1715**

Signature: *[Signature]*



POD COPY

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