

CONTRACT FOR CARRIAGE / DISPATCH NOTE

U71400697



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Feeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT. No. 4380139685



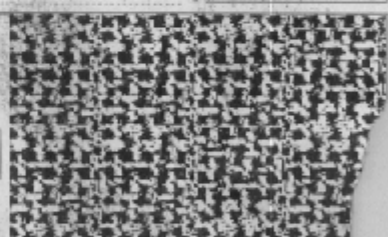
SUBBD28212369

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <b>LE CREUSET BRYANSTON</b>		Company Name: <b>LE CREUSET KILLARNEY</b>						<input type="checkbox"/> Same Day	
Street Address: <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address: <b>SHOP 100 KILLARNEY MALL RIVIERA ROAD</b>						<input type="checkbox"/> Express	
Suburb: <b>BRYANSTON</b>		Suburb: <b>KILLARNEY</b>						<input type="checkbox"/> With Sunrise Option	
City / Town: <b>JNB</b>	Postal Code: <b>2021</b>	City / Town: <b>JOHANNESBURG</b>		Postal Code: <b>2193</b>		<input type="checkbox"/> With Saturday Service			
Contact: <b>SEVARIAN</b>		Contact: <b>FUNDI</b>						<input type="checkbox"/> Public Holiday Service	
Phone: <b>011 568 4708</b>		Phone: <b>011 646 6316</b>						<input checked="" type="checkbox"/> Economy	
Destination Country: <b>South Africa</b>		Lesotho		Namibia		Swaziland		<input type="checkbox"/> After Hours	
Sender's Reference: <b>U71400697</b>		Analysis Code: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]						<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		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).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>FUNDI</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>S. Jay</b>				
Date Received: <b>300718</b>		Time Received: <b>0145</b>		Date Received: <b>270718</b>		Time Received: <b>1600</b>		Total Mass (Kg)	
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

*S. Jay* 27/7/2018  
SENDER'S AUTHORIZED SIGNATURE DATE



Version Control (REV007.7)