

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



SUBBD28212380

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 SEVARIAN Phone 011 568 4708 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)				Consignee's Details. Full Street Address Please Company Name LE CREUSET Street Address UNIT 5, HERON PARK OLIVE GRAVE INDUSTRIAL ESTATE OLD MARSEULEI ROAD COMERSET WEST Suburb COMERSET WEST City / Town CAPE TOWN Postal Code 7129 Contact VICKY Phone 021 851 7178 Destination Country <input 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)				Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> 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) <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									
Total Parcels NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)				1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/> Total Mass (Kg)					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) J B ENADE Date Received: 030818 Time Received: 1026 Signature: <i>Benade</i>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) EMMANUEL Date Received: 02/08/18 Time Received: 1430 Signature: <i>Emmanuel</i>					

POD COPY

Version Control: (06/2017)