

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. 2000/015342/07
 VAT No. 4880189685



SUBBD28212381

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		Consignee's Details. Full Street Address Please Company Name: Le Creuset Recstenburg Street Address: Shop 101 Waterfall mall Aurabables Avenue Rustenburg Suburb: North west City/Town: North west Postal Code: 0099 Contact: Lerato Phone: 014 537 2279		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours
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)		BLNS Customs Tariff		

Sender's Reference: **Price Stickers** 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 14.6 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, 14.9 AND 14.7 OVERLEAF).

SENDER'S AUTHORIZED SIGNATURE: *[Signature]* DATE: **02/08/2018**

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)

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): LERATO Date Received: 030818 Time Received: 1407 Signature: <i>[Signature]</i>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): MSB Date Received: 020818 Time Received: 1427 Signature: <i>[Signature]</i>	
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POD COPY

Version Control (03/2017)