

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box G3, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/015342/07  
VAT No. 4880189685



SUBBD28235367

2 2 2 E E E 2 2 2


<b>Sender's Details</b> Company Name: <b>LE CREUSET ROSEBANK</b> Street Address: <b>SHOP 202A ROSEBANK MALL BATH AVENUE</b> Suburb: <b>BATH AVENUE</b> City/Town: <b>JNB</b> Postal Code: <b>2196</b> Contact: <b>ELLEN</b> Phone: <b>011 568 4754</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>Le Creuset Hyde Park</b> Street Address: <b>Shop 71 upper mall, Hydepark corner c/o Jan Smuts &amp; 6th Ave</b> Suburb: <b>Hydepark</b> City/Town: <b>JNB</b> Postal Code: <b>2196</b> Contact: <b>ATRICIA</b> Phone: <b>011 325 5606</b>		<b>Mark Service Required</b> <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: <b>UT I 2871707</b> Analysis Code:		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>											
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		SENDER'S AUTHORIZED SIGNATURE: <i>M. Malhe...</i> DATE: <b>12/06/2018</b> Total Mass (Kg)											
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													
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)					
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): <b>MPHO</b> Date Received: <b>130618</b> Time Received: <b>0336</b> Signature: <i>Mpho...</i>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <b>ANNA SHAN</b> Date Received: <b>120618</b> Time Received: <b>1500</b> Signature: <i>Anna...</i>											

POD COPY

Version: General (09/01/17)