

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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. 4680189685



SUBBD28289734


ADDITIONAL TRACKING NUMBERS

POD COPY

<b>Sender's Details</b>				<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <b>LE CREUSET</b>				Company Name <b>Le creuset</b>				<input type="checkbox"/> Same Day	
Street Address <b>BROOKLYN MALL SHOP 318 BROOKLYN MALL</b>				Street Address <b>Shop 141 Cresta Stepping Beners Wande Drive</b>				<input type="checkbox"/> Express	
Suburb <b>CNR VALE &amp; WATERKLOOF ROAD</b>				Suburb <b>Cresta Randburg</b>				<input type="checkbox"/> With Sunrise Option	
City/Town <b>BROOKLYN - PRETORIA</b>				City/Town <b>JHB</b>				<input type="checkbox"/> With Saturday Service	
Postal Code <b>PTA</b>				Postal Code <b>2195</b>				<input type="checkbox"/> Public Holiday Service	
Contact <b>FATIMA</b>				Contact <b>Cresta / Sisa</b>				<input checked="" type="checkbox"/> Economy	
Phone <b>012 346 2840</b>				Phone <b>011 476 6010</b>				<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"/> Switzerland				<input type="checkbox"/> Other		<input type="checkbox"/> BLNS Customs Tariff			
Sender's Reference <b>34cm marseille</b>				Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>									
Tariff Code <b>027766</b>				Bill To <input type="checkbox"/> Sender		<input checked="" type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)	
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 1000.00 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		Box							
<b>Goods received in full without damage (unless endorsed)</b>					<b>Received By DSV</b>				
Name Of Receiver (PLEASE PRINT CLEARLY) <b>SISA</b>					Name Of Courier (PLEASE PRINT CLEARLY) <b>QWOT</b>				
Date Received: <b>210618</b>					Date Received: <b>200618</b>				
Time Received: <b>0959</b>					Time Received: <b>1500</b>				
Signature: <b>[Signature]</b>					Signature: <b>[Signature]</b>				
Total Mass (Kg)									

Marked Covered (07/2018)