

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. 4880189685



SUBBD28289742

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET HEAD OFFICE				<input type="checkbox"/> Same Day	
Street Address BROOKLYN MALL SHOP 318 BROOKLYN MALL CNR VAELE & WATERKLOOF ROAD		Street Address UNIT 5, HERON PARK, OLIVE GRUVE INDUSTRIAL ESTATE, OLD PARDEVELL RD, SUMMERSET WEST				<input type="checkbox"/> Express	
Suburb BROOKLYN - PRETORIA		Suburb				<input type="checkbox"/> With Sunrise Option	
City/Town PJA	Postal Code	City/Town CAPETOWN				<input type="checkbox"/> With Saturday Service	
Contact FATIHA	Phone 012 346 2840	Contact VICKY				<input type="checkbox"/> Public Holiday Service	
Phone		Phone 021 851 7178				<input checked="" type="checkbox"/> Economy	
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"/> After Hours	
Other (Please Specify)		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	

Sender's Reference **UTI 0272628**

SPECIAL INSTRUCTIONS

Tarif Code **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 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)

SENDER'S AUTHORISED SIGNATURE **DATE** **01/06/2018**

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
1	Flyer			

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) **Madou**

Date Received: **04 06 18** Time Received: **11 00**

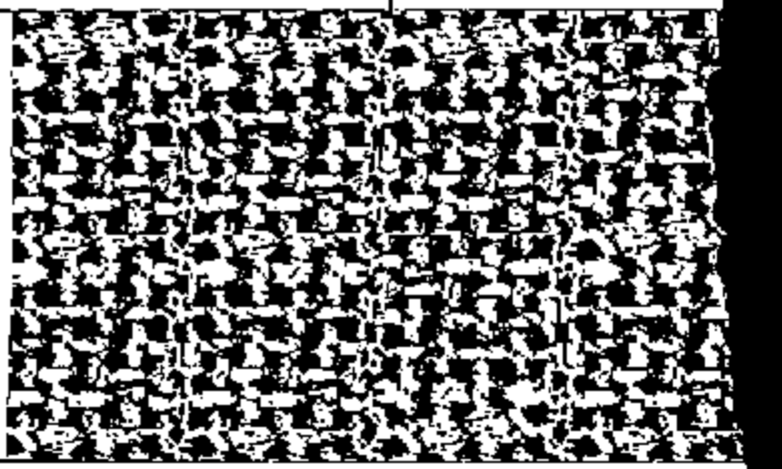
Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) **Stamford**

Date Received: **01 06 18** Time Received: **15 01**

Signature: *[Signature]*



1. ONLINE

3. EFT

Total Mass (Kg)

POD COPY

Version Control (01/2018)