

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD28386224

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	LE CREUSET LA LUCIA	Company Name	LE CREUSET CPT
Street Address	SHOPO3, 90 WILLIAM CAMPBELL LA LUCIA MALL	Street Address	UNIT 01, HERON PARK CUIVE GROVE IND ESTATE OLD PARADEISE ROAD SOMERSET WEST
Suburb	DURBAN NORTH	Suburb	SOMERSET WEST
City / Town	DUR	City / Town	CAPE TOWN
Postal Code	4000	Postal Code	8000
Contact		Contact	JAMA
Phone	0315725045	Phone	021 851 7178

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
<input checked="" type="checkbox"/> Economy
After Hours
BLNS Customs Tariff

Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference	UT14451174				Analysis Code	

SPECIAL INSTRUCTIONS INTERCOMPANY DAMAGES / CUSTOMER DAMAGES

Tariff Code	027766	Bill To Sender	<input type="checkbox"/>	Consignee	<input checked="" type="checkbox"/>	Other (Name Please)	<input type="checkbox"/>
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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)

[Signature] 30/8/18
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>
Total Mass (Kg)	

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				

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY)
BASIL

Date Received: 030918 Time Received: 1049

Signature: *[Signature]*

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY)
General

Date Received: 300818 Time Received: 1500

Signature: *[Signature]*

