

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds 0051
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685



SUBBD28386258

Sender's Details Company Name: LE CREUSET LA LUCIA Street Address: SHOPO3, 90 WILLIAM CAMPBELL LA LUCIA HALL DURBAN NORTH Suburb: DUR Postal Code: 4000 Contact: 0315725045		Consignee's Details. Full Street Address Please Company Name: LE CREUSET GATEWAY SHOP 6158 Street Address: GATEWAY THEATRE OF SHOPPING 1 PALM BOULEVARD, NEW TOWN CENTER UMHLANGA RIDGE Suburb: DURBAN CASSANDRA Postal Code: 4321 Contact: 0315725045		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 BLNS Customs Tariff
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)		Sender's Reference: UT 1 45 296 17 Analysis Code:		
SPECIAL INSTRUCTIONS Tariff Code: 027766 Bill To: <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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)				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i> DATE: 05/09/2018		
Total Parcels		NO. OF PARCELS PER DIMENSIONS		
Length (CM): BOX		Width (CM):		
Height (CM):		Total Mass (Kg)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): CASSANDRA		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): Cassandra		
Date Received: 06 09 18 Time Received: 12 32		Date Received: 05 09 18 Time Received: 15 20		
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		

POD COPY

Version Control (01/2018)