

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



SUBBD28484102

ADDITIONAL
 TRACKING
 NUMBERS

Sender's Details			Consignee's Details. Full Street Address Please						Mark Service Required					
Company Name <u>Le Creuset Montlyn</u>			Company Name <u>Le Creuset</u>						<input type="checkbox"/> Same Day					
Street Address <u>Shop 12 Janina Rd Masitela of Amaranth Drive Montlyn Manor Waterkloof ext. 2</u>			Street Address <u>Unit 5 Heron Park Old faradente Rd Otter Grove Industrial Estates, Somerset West</u>						<input type="checkbox"/> Express					
Suburb <u>Waterkloof ext. 2</u>			Suburb <u>Somerset West</u>						<input type="checkbox"/> With Sunrise Option					
City/Town <u>Pretoria</u> Postal Code <u>0108</u>			City/Town <u>Cape Town</u> Postal Code <u>8001</u>						<input type="checkbox"/> With Saturday Service					
Contact <u>Toni</u>			Contact <u>Jenna</u>						<input checked="" type="checkbox"/> Public Holiday Service					
Phone <u>012 004 0082</u>			Phone <u>021 851 7178</u>						<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"/> Other (Please Specify)		<input type="checkbox"/> After Hours	
Sender's Reference <u>UE12192251</u>			Analysis Code						BLNS Customs Tariff					
SPECIAL INSTRUCTIONS														
Tariff Code <u>027766</u>			<input type="checkbox"/> Bill To Sender		<input type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)		1. ONLINE <input type="checkbox"/>					
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 AUTHORIZED SIGNATURE <u>[Signature]</u>						DATE <u>24/04/2018</u>						3. EFT <input type="checkbox"/>		
e-mail / Fax / Proof of Delivery <input type="checkbox"/>			e-mail Address / Fax Number						Total Mass (Kg)					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)						
1		BOX												
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Natal</u>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>								
Date Received: <u>26 04 18</u>						Date Received: <u>24 04 18</u>								
Time Received: <u>09:30</u>						Time Received: <u>15:30</u>								
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>								

POD COPY

Version Control (01/2018)