

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



SUBBD28484128


POD COPY

<b>Sender's Details</b>			<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>		
Company Name <u>Le Creuset</u>			Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day		
Street Address <u>Shop 12</u>			Street Address <u>Shop 45 Somerset Mall</u>				<input type="checkbox"/> Express		
<u>Menlyn Maine, January</u>			<u>N2 and R44</u>				<input type="checkbox"/> With Sunrise Option		
<u>Mashele &amp; Amargod Drive</u>			<u>Somerset West</u>				<input type="checkbox"/> With Saturday Service		
Suburb <u>Waterkloof ext 2</u>			Suburb				<input type="checkbox"/> Public Holiday Service		
City / Town <u>Pretoria</u>		Postal Code <u>0108</u>	City / Town <u>Cape Town</u>		Postal Code <u>7130</u>	<input checked="" type="checkbox"/> Economy			
Contact <u>Toni</u>			Contact <u>Elize</u>				<input type="checkbox"/> After Hours		
Phone <u>012 004 0082</u>			Phone <u>021 851 0661</u>				BLNS Customs Tariff		
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)		
Sender's Reference <u>CUSTOMER REQUEST</u>			Analysis Code				1. ONLINE <input type="checkbox"/>		
<b>SPECIAL INSTRUCTIONS</b>			Tarrif Code <u>027760</u>					3. EFT <input type="checkbox"/>	
Bill To Sender <input type="checkbox"/>			Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>			Total Mass (Kg)	
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>				
<u>11</u>		<u>607</u>							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>					
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)					
<u>NATASHA IA</u>				<u>Fumo</u>					
Date Received:		Time Received:		Date Received:		Time Received:			
<u>16/08/18</u>		<u>11:14</u>		<u>16/08/18</u>		<u>11:14</u>			
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>					

Version Control (01/2018)