

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



SUBBD28484170

POD COPY

Sender's Details			Consignee's Details. Full Street Address Please				Mark Service Required		
Company Name <u>Le Creuset</u>			Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day		
Street Address <u>Shop 12 Menlyn Maine</u>			Street Address <u>Unit 5 Heron Park</u>				<input type="checkbox"/> Express		
<u>January Masilela S</u>			<u>Old Paardevier Rd Olive Grove</u>				<input type="checkbox"/> With Sunrise Option		
<u>Amarand Dr</u>			<u>Industrial Estate</u>				<input type="checkbox"/> With Saturday Service		
Suburb <u>Waterkloof ext 2</u>			Suburb <u>Somerset West</u>				<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>8001</u>		<input checked="" type="checkbox"/> Economy		
Contact <u>Jon</u>			Contact <u>Jenna</u>				<input type="checkbox"/> After Hours		
Phone <u>012 004 0092</u>			Phone <u>021 851 7178</u>				<input type="checkbox"/> 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	Other (Please Specify)			
Sender's Reference <u>U113166035</u>			Analysis Code					<input type="checkbox"/> 1. ONLINE	

SPECIAL INSTRUCTIONS

Tariff Code 027766 Bill To Sender Consignee Other (Name Please)

If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.

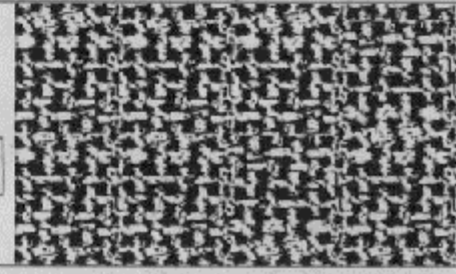
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 1000.00 PER SHIPMENT. (SEE CLAUSE 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)

[Signature] 19-06-2018
SENDER'S AUTHORIZED SIGNATURE DATE

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>BOX</u>			

Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASILL</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>DANIEL</u>			
Date Received: <u>210618</u>		Time Received: <u>1027</u>		Date Received: <u>190618</u>		Time Received: <u>1451</u>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			



Total Mass (Kg)

Version Control (01/2018)