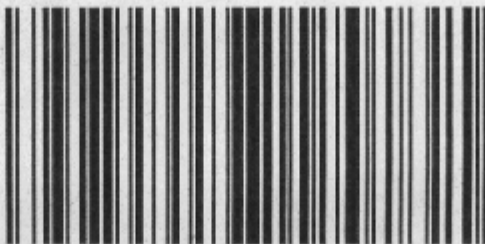


CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



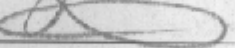


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD28548508

ADDITIONAL TRACKING NUMBERS									

Sender's Details Company Name: <u>Le Creuset Pavilion</u> Street Address: <u>SHOP UL 262</u> <u>PAVILION SHOPPING CENTER</u> <u>JACK MUMTENS DRIVE</u> Suburb: <u>HESTVILLE</u> City / Town: <input type="text"/> Postal Code: <u>3629</u> Contact: <u>ATISHA</u> Phone: <u>031-265 8455</u>				Consignee's Details. Full Street Address Please Company Name: <u>LE CREUSET WATERCREST</u> Street Address: <u>SHOP UG 04 WATERCREST MALL</u> <u>INANDA</u> <u>DURBAN</u> Suburb: <input type="text"/> City / Town: <u>DURBAN</u> Postal Code: <u>3652</u> Contact: <input type="text"/> Phone: <input type="text"/>				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 X <input type="checkbox"/> After Hours	
Destination Country: <input 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)		BLNS Customs Tariff							
Sender's Reference: <input type="text"/> Analysis Code: <input type="text"/>				1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>					
SPECIAL INSTRUCTIONS Tariff Code: <u>027766</u> Bill To: <input type="checkbox"/> Sender <input 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				SENDER'S AUTHORISED SIGNATURE:  DATE: <u>19/12/2018</u>					
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.4 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)				Total Mass (Kg)					
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number: <input type="text"/>		Total Parcels: <input type="text"/> NO. OF PARCELS PER DIMENSIONS: <u>1 x BOX</u> LENGTH (CM): <input type="text"/> WIDTH (CM): <input type="text"/> HEIGHT (CM): <input type="text"/>		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>SIPESANDE</u> Date Received: <u>201218</u> Time Received: <u>1344</u>					
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>AOEON</u> Date Received: <u>191218</u> Time Received: <u>1620</u>		Signature: 		Signature: 					

POD COPY

Version Control (01/2018)

