

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28614434

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Metelorkamps</u>		Company Name <u>Le Creuset</u>						<input type="checkbox"/> Same Day	
Street Address <u>3 Union Street</u>		Street Address <u>Unit 5 Heron Park</u>						<input type="checkbox"/> Express	
<u>Knyona</u>		<u>Olive Grove Industrial Estate</u>						<input type="checkbox"/> With Sunrise Option	
Suburb <u>Knyona</u>		<u>The Interchange Somerset Wes</u>						<input type="checkbox"/> With Saturday Service	
City/Town <u>Knyona</u> Postal Code <u>6570</u>		City/Town <u>Cape Town</u> Postal Code <u>021</u>						<input type="checkbox"/> Public Holiday Service	
Contact <u>Chanelle</u>		Contact <u>Helen a/Origi</u>						<input checked="" type="checkbox"/> Economy	
Phone <u>044 382 0274</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> After Hours	
Destination Country <u>South Africa</u>		<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		Analysis Code						BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Tariff Code <u>027768</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 14.8 AND 14.7 OVERLEAF).									
IF CONSIGNEE OR OTHER (THIRD PARTY) IS BILLED, SENDER REMAINS LIABLE FOR UNPAID CHARGES.						<u>16/07/18</u>		3. EFT <input type="checkbox"/>	
SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>						DATE		Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<u>1</u>		<u>Parcel</u>							
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) <u>RASIL</u>					Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>				
Date Received: <u>170718</u>		Time Received: <u>0933</u>			Date Received: <u>160718</u>		Time Received: <u>1450</u>		
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

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