

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



SUBBD28616593

ADDITIONAL
TRACKING
NUMBERS

Sender's Details Company Name: LE CREUSET Street Address: SHOP UL262 PAVILION SHOPPING CENTRE WESTVILLE Suburb: WESTVILLE City/Town: OUR Postal Code: 4000 Contact: TRISINA 031-2658455 Phone: 031-2658455		Consignee's Details. Full Street Address Please Company Name: LE CREUSET CPT Street Address: UNIT 5 HERON PARK OLIVE GROVE ESTATE Suburb: SOMERSET WEST City/Town: SOMERSET WEST (SSW) Postal Code: 8000 Contact: JENNA FRANCHI Phone: 021 851 7178				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 <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
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)		Analysis Code: DAMAGES				Total Mass (Kg)	
Sender's Reference: UTISS36650		SPECIAL INSTRUCTIONS Tariff Code: 027766 Bill To: <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i> DATE: 16/11/18	
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				Total Parcels: 1 NO. OF PARCELS PER DIMENSIONS: 1 X BOX LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): BASIL Date Received: 22/11/18 Time Received: 1000 Signature: <i>[Signature]</i>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): AARON Date Received: 19/11/18 Time Received: 1629 Signature: <i>[Signature]</i>					

POD COPY

Version Control (01/2018)