

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



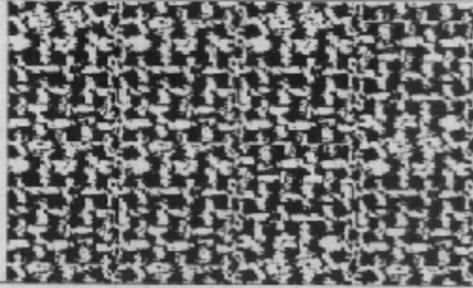
SUBBD28616773

ADDITIONAL TRACKING NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET CPT				<input type="checkbox"/> Same Day	
Street Address SHOP UL262 PAVILION SHOPPING CENTRE WESTVILLE		Street Address UNIT 5 HERON PARK OLIVE GROVE ESTATE				<input type="checkbox"/> Express	
Suburb		Suburb SOMERSET WEST				<input type="checkbox"/> With Sunrise Option	
City / Town DUR	Postal Code 4000	City / Town SOMERSET WEST (SSW)	Postal Code 8000	<input type="checkbox"/> With Saturday Service		<input checked="" type="checkbox"/> Public Holiday Service	
Contact TRISINA / ATISHA		Contact JERNA / FRANCI				<input checked="" type="checkbox"/> Economy	
Phone 031-2658455		Phone 021 851 7178				<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho	
Other		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference		Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS DAMAGES / REPLACEMENTS							
Tariff Code 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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)							
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)	
1		1 X BOX					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) BASIL				Name Of Courier (PLEASE PRINT CLEARLY) AARON			
Date Received: 061218		Time Received: 1005		Date Received: 041218		Time Received: 1020	
Signature:				Signature:			

POD COPY

Version Control (01/2018)



Total Mass (Kg)