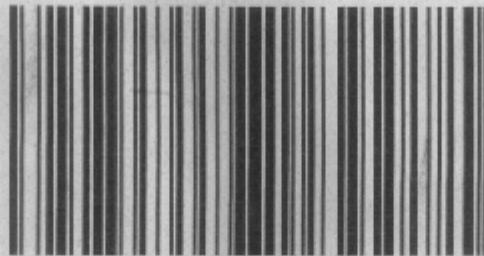


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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. 4860189685



SUBBD28695121

ADDITIONAL
TRACKING
NUMBERS

POD COPY

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET SANDTON				Company Name: Le Creuset Clearwater				<input type="checkbox"/> Same Day	
Street Address: SHOP L339 SANDTON CITY				Street Address: Shop UM304, Clearwater Mall, Christian De Wet Road				<input type="checkbox"/> Express	
CNR 5TH & RIVONIA								<input type="checkbox"/> With Sunrise Option	
Suburb: SANDTON				Suburb: JHB				<input type="checkbox"/> With Saturday Service	
City/Town: JNB		Postal Code: 2193		City/Town: JHB		Postal Code: 		<input checked="" type="checkbox"/> Economy	
Contact: KARABO				Contact: Sph				<input type="checkbox"/> After Hours	
Phone: 011 784 0301				Phone: 011 475 1202				BLNS Customs Tariff	
Destination Country: South Africa		Botswana		Lesotho		Namibia		Swaziland	
Other (Please Specify): 									
Sender's Reference: KOWEKETTLE				Analysis Code: 				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS									
Tariff Code: 027766		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <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)		HEIGHT (CM)	
1									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY): SIBONGILE					Name Of Courier (PLEASE PRINT CLEARLY): 				
Date Received: 07/18		Time Received: 13:51			Date Received: 07/18		Time Received: 13:30		
Signature: 					Signature: 				

Total Mass (Kg)

