

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD28699595

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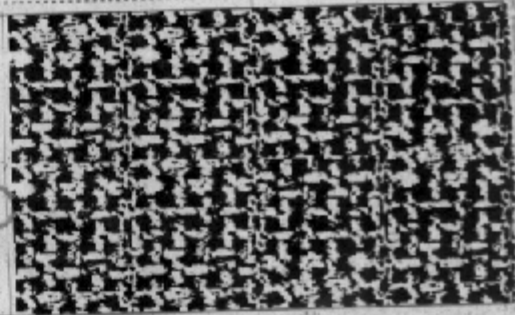

ADDITIONAL TRACKING NUMBERS

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <i>Le Creuset South Africa</i>		Company Name <i>Le Creuset South Africa</i>				<input type="checkbox"/> Same Day	
Street Address <i>Shop 105</i>		Street Address <i>Shop 176</i>				<input type="checkbox"/> Express	
<i>Garden Route Mall</i>		<i>Canal Walk Shopping Center</i>				<input type="checkbox"/> With Sunrise Option	
<i>N2 Highway &amp; Kings Road</i>		<i>Century Boulevard</i>				<input type="checkbox"/> With Saturday Service	
Suburb <i>George</i>		Suburb <i>Century City</i>				<input type="checkbox"/> Public Holiday Service	
City / Town <i>George</i> Postal Code <i>6546</i>		City / Town <i>Cape Town</i> Postal Code <i>7441</i>				<input type="checkbox"/> Economy	
Contact <i>Elzanne</i>		Contact <i>Abigail</i>				<input type="checkbox"/> After Hours	
Phone <i>044 004 0112</i>		Phone <i>021 551 0225</i>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)				<input type="checkbox"/> 1. ONLINE	
Sender's Reference <i>WTIS295023</i>		Analysis Code				<input type="checkbox"/> 3. EFT	
<b>SPECIAL INSTRUCTIONS</b>							
Tariff Code <i>27766</i>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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 14.6 AND 14.7 OVERLEAF)							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<i>1</i>		<i>1 x Box</i>					
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<i>Jamie-Lee</i>				<i>DSV</i>			
Date Received:		Time Received:		Date Received:		Time Received:	
<i>01/11/18</i>		<i>11:50</i>		<i>31/10/18</i>		<i>16:50</i>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

31/10/18

Total Mass (Kg)



Version Control (01/2018)