

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



SUBBD28699608

2 2 2 E E E 2 2 2

Sender's Details Company Name: <u>Le Creuset SA</u> Street Address: <u>Shop 105, Garden Route Mall, N2 Highway & Knysna Road</u> Suburb: <u>George</u> City/Town: <u>George</u> Postal Code: <u>6546</u> Contact: <u>044 004 0112</u> Phone: <u>Mandy</u>		Consignee's Details. Full Street Address Please Company Name: <u>Le Creuset South-Africa</u> Street Address: <u>Unit 5 Heron Park, Olive Grove Industrial Estate, Old Paardevlei Road</u> Suburb: <u>Somerset West</u> City/Town: <u>Cape Town</u> Postal Code: <u>8001</u> Contact: <u>Frank</u> Phone: <u>021 851 7172</u>				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: <u>South Africa</u> Sender's Reference: <u>UTI4858441</u>		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify) Analysis Code:		Total Mass (Kg)			
SPECIAL INSTRUCTIONS Tarrif Code: <u>27766</u> Bill To <input 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 <input type="text" value="IX"/>		NO. OF PARCELS PER DIMENSIONS <input type="text" value="1xBox"/>		LENGTH (CM) <input type="text" value="Transfer to Table Bay warranty + Instore Damages Month end file - Jacqueline"/>			
WIDTH (CM) <input type="text"/>		HEIGHT (CM) <input type="text"/>		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <input type="text" value="BASIL"/>			
Date Received: <input type="text" value="07/01/18"/>		Time Received: <input type="text" value="12:40"/>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <input type="text" value="CNR-0"/>			
Signature:		Date Received: <input type="text" value="07/01/18"/>		Time Received: <input type="text" value="17:01"/>			
Signature:		Signature:					

POD COPY

Version Control (01/2018)