

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

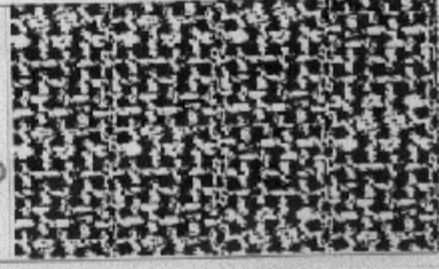


SUBBD28828053

ADDITIONAL									
TRACKING									
NUMBERS									

POD COPY

<b>Sender's Details</b> Company Name: <b>LE CREUSET HYDEPARK</b> Street Address: <b>CNR 16T ROAD &amp; JAN SMUT HYDEPARK CORNER</b> Suburb: <b>HYDEPARK SANDTON</b> City / Town: <b>JNB</b> Postal Code: <b>2196</b> Contact: <b>PATRICIA MOAGA</b> Phone: <b>011 325 5606</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>Le creuset</b> Street Address: <b>with a heavy park old Paardenpoort rd industrial estate somerset west</b> Suburb: <b>Somerset West</b> City / Town: <b>Cape Town</b> Postal Code: <b>7129</b> Contact: <b>Lisa</b> Phone: <b>021-851-7178</b>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT Total Mass (Kg)
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:		
SPECIAL INSTRUCTIONS Tariff Code: <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				
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). SENDER'S AUTHORIZED SIGNATURE: <i>[Signature]</i> DATE: <b>23/07/18</b>				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		Total Parcels: <b>1</b> NO. OF PARCELS PER DIMENSIONS: <b>1</b> LENGTH (CM): <b>17x</b> WIDTH (CM): HEIGHT (CM):		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>LISA</b> Date Received: <b>240718</b> Time Received: <b>0921</b> Signature: <i>[Signature]</i>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <b>[Signature]</b> Date Received: <b>230718</b> Time Received: <b>1600</b> Signature: <i>[Signature]</i>		



Version Control 101/2018