

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

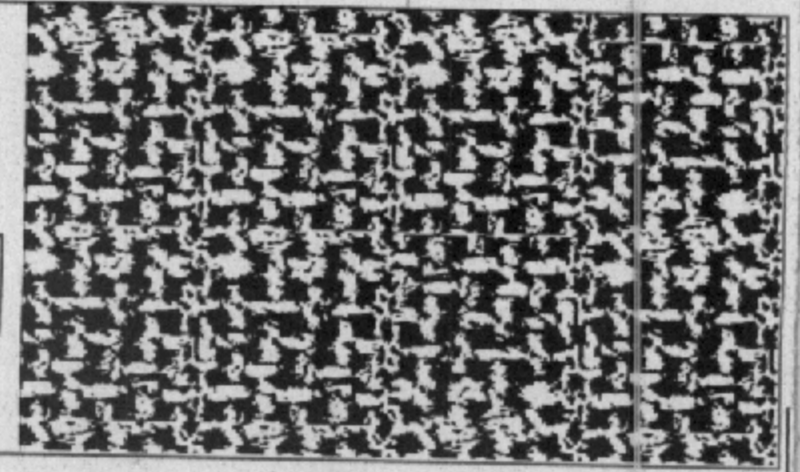


SUBBD28943316


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <b>LE CREUSET BALLITO JUCTION</b>		Company Name: <i>Le Creuset Head office</i>				<input type="checkbox"/> Same Day	
Street Address: <b>SHOP 244 LEONORA DRIVE BALLITO DOLPHIN COAST DURBAN</b>		Street Address: <i>Unit 1, Heron Park Olive Grove industrial est Old Paarlse Hei Road Somerset West</i>				<input checked="" type="checkbox"/> Express	
Suburb: <b>DURBAN</b>		Suburb: <i>Somerset West</i>				<input type="checkbox"/> With Sunrise Option	
City / Town: <b>DUR</b> Postal Code: <b>4399</b>		City / Town: <b>Cape Town</b> Postal Code: <b>8000</b>				<input type="checkbox"/> With Saturday Service	
Contact: <b>SONITHA</b>		Contact: <i>Clance</i>				<input type="checkbox"/> Public Holiday Service	
Phone: <b>032 0040138</b>		Phone: <i>021 8517178</i>				<input type="checkbox"/> Economy	
Destination Country: <b>South Africa</b>		Destination Country: <b>South Africa</b>				<input type="checkbox"/> After Hours	
Sender's Reference: <b>117 I 4 6 8 7 4 2 1</b>		Analysis Code: <b> </b>				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Tarrif Code: <b>027766</b>		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 <input type="checkbox"/>			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY): <b>Cerisa Venter</b>				Name Of Courier (PLEASE PRINT CLEARLY): <b>Musey</b>			
Date Received: <b>180918</b>		Time Received: <b>0943</b>		Date Received: <b>170918</b>		Time Received: <b>1639</b>	
Signature: <i>CAVenter</i>				Signature: <i>[Signature]</i>			

Total Mass (Kg)



Version Control (01/2018)