

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. 4880189685



SUBBD28943318

ADDITIONAL
TRACKING
NUMBERS

Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name: **LE CREUSET BALLITO JUNCTION**
Street Address: **SHOP 244, LEONORA DRIVE
BALLITO DOLPHIN COAST
DURBAN**
Suburb: **DURBAN**
City / Town: **DUR** Postal Code: **4399**
Contact: **SONITHA SASHA**
Phone: **032 0040138**

Company Name: **LE CREUSET**
Street Address: **UNIT 5, HERON PARK
OLIVE GROVE INDUSTRIAL ESTATE
OLD PARDEULET ROAD
SOMERSET WEST**
Suburb: **SOMERSET WEST**
City / Town: **CAPE TOWN** Postal Code: **7000**
Contact: **JENNA / FRANCI**
Phone: **021 851 7178**

- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service
- Economy
- After Hours

Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference: **UTI 4858599** Analysis Code:

SPECIAL INSTRUCTIONS: **FRAGILE**

Tariff Code: **027766** Bill To Sender Consignee Other (Name Please)
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)

SENDER'S AUTHORISED SIGNATURE: *[Signature]* DATE: **01/10/18**

- BLNS Customs Tariff
- 1. ONLINE
- 3. EFT

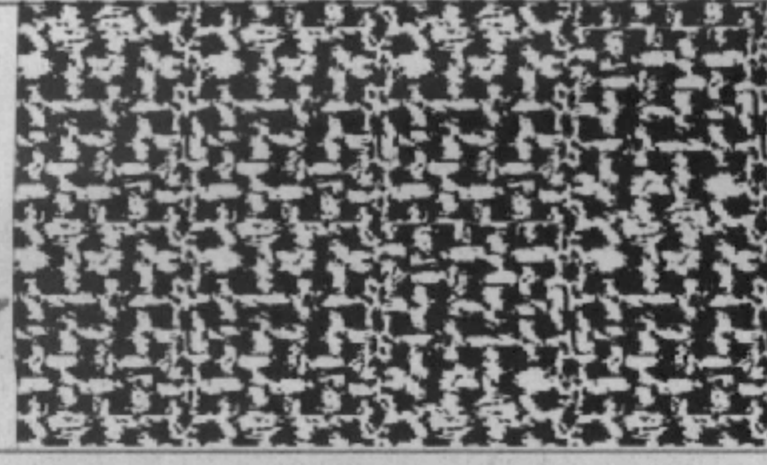
e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1	1	BOX		

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY): **BASIL**
Date Received: **03/10/18** Time Received: **0930**
Signature: *[Signature]*

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY): **MUS9**
Date Received: **PD 10/18** Time Received: **1645**
Signature: *[Signature]*



POD COPY

Version Control (01/2018)