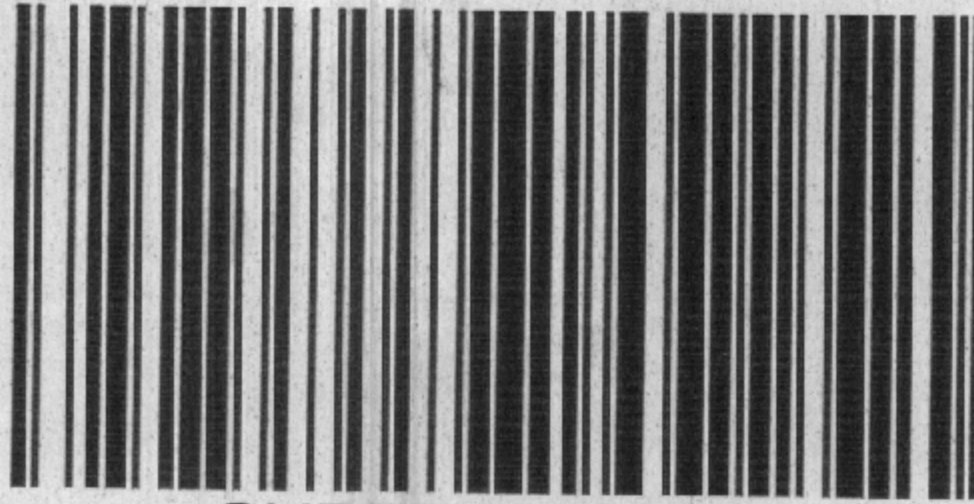


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28967757

Replacements + Damages

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
<p>Company Name: LE CREUSET®</p> <p>Street Address: LE CREUSET BAYWEST MALL</p> <p>CO. REG.: 1997/021366/07</p> <p>VAT: 4160178069</p> <p>Suburb: Baywest</p> <p>City/Town: Baywest</p> <p>Contact: René Newfeldt</p> <p>Phone: 041 004 0011</p>		<p>Company Name: Le Creuset Warehouse</p> <p>Street Address: Unit 5 Heron Park</p> <p>Olive Grove Industrial Estate</p> <p>Old Paardekraal Road.</p> <p>Suburb: Somerset West</p> <p>City/Town: Cape Town</p> <p>Postal Code: 8001</p> <p>Contact: Jenna + Pami</p> <p>Phone: 021 851 7178</p>				<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 <input type="checkbox"/> BLNS Customs Tariff	
Destination Country: South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>		Sender's Reference: UTI4693895		Analysis Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SPECIAL INSTRUCTIONS Tariff Code: 027706							
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"/>		SENDER'S AUTHORIZED SIGNATURE:		DATE: 17/04/2018	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		Total Mass (Kg)		1 1 Box 33 33 50 3			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): BASIL				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY):			
Date Received: 180918		Time Received: 0943		Date Received:		Time Received:	
Signature:		Signature:					

POD COPY

Version Control (01/2018)