

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



SUBBD28967764

SALE BLOCKS											
ADDITIONAL											
TRACKING											
NUMBERS											

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le Creuset Baywest</u>		Company Name <u>Le Creuset Warehouse</u>						<input type="checkbox"/> Same Day	
Street Address <u>Shop LG43</u>		Street Address <u>Unit 5 Heron Park</u>						<input checked="" type="checkbox"/> Express	
<u>Baywest Mall</u>		<u>Olive Grove, Industrial Est</u>						<input type="checkbox"/> With Sunrise Option	
<u>N2</u>		<u>Old Bardevlei Road</u>						<input type="checkbox"/> With Saturday Service	
Suburb <u>Walker Drive Ext.</u>		Suburb <u>Sommersel West</u>						<input type="checkbox"/> Public Holiday Service	
City / Town <u>P.E</u> Postal Code <u>6001</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>						<input checked="" type="checkbox"/> Economy	
Contact <u>Rene' Nenfeldt</u>		Contact <u>Carmen</u>						<input type="checkbox"/> After Hours	
Phone <u>041 004 0011</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> BLNS Customs Tariff	

Destination Country	South Africa <input checked="" type="checkbox"/>	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
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Sender's Reference	<u>UT14372451</u>	Analysis Code				
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SPECIAL INSTRUCTIONS			
Tariff Code	<u>027766</u>	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>
If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.			

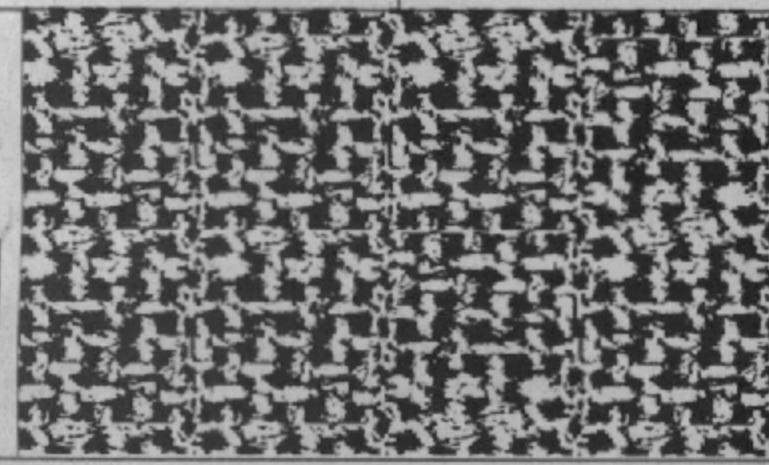
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 1000.00 PER SHIPMENT. (SEE CLAUSE 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)

 24/08/18
 SENDER'S AUTHORISED SIGNATURE DATE

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>	<u>1 Box</u>	<u>50</u>	<u>50</u>	<u>67</u>

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
<u>Carmen</u>				<u>XOLANI</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>270818</u>		<u>1025</u>		<u>240818</u>		<u>1610</u>	
Signature: <u>O'Hall</u>				Signature: <u>Xolani</u>			



1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

Total Mass (Kg)