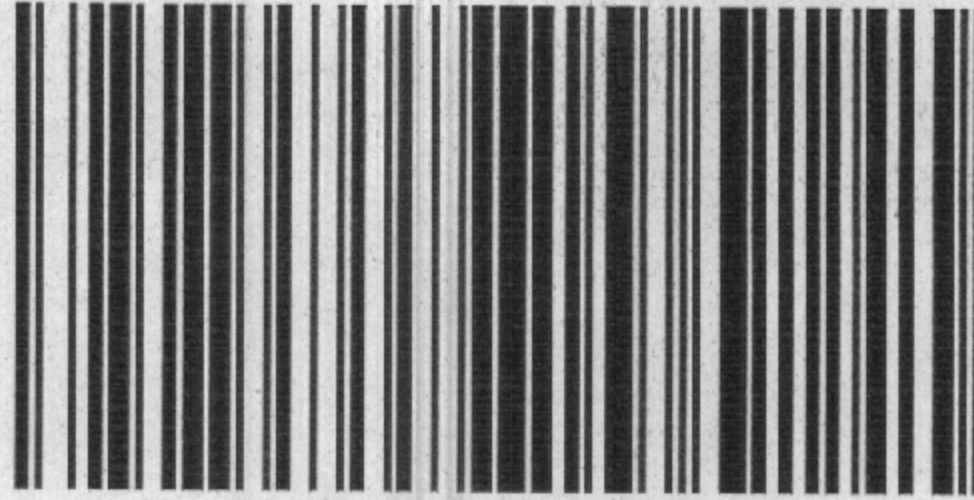


CONTRACT FOR CARRIAGE / DISPATCH NOTE

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



SUBBD28989302


<b>Sender's Details</b>			<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <u>Le Creuset GATEWAY</u>			Company Name <u>Le Creuset HEAD OFFICE</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP GL 158</u>			Street Address <u>UNIT 5, HERON PARK</u>				<input checked="" type="checkbox"/> Express	
<u>1 Palm Boulevard</u>			<u>QUE GROVE INDUSTRIAL</u>				<input type="checkbox"/> With Sunrise Option	
Suburb <u>Umthlanga</u>			Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Saturday Service	
City / Town <u>Durban</u> Postal Code			City / Town <u>CAPE TOWN</u> Postal Code				<input type="checkbox"/> Public Holiday Service	
Contact <u>CASSANDRA</u>			Contact <u>DICKY Clarice</u>				<input type="checkbox"/> Economy	
Phone <u>031 1001239</u>			Phone <u>021 851 7178</u>				<input type="checkbox"/> After Hours	
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	
Sender's Reference				Analysis Code				
<b>SPECIAL INSTRUCTIONS</b>								
Tarrif Code		Bill To <input type="checkbox"/> Sender		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)								
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number		
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT(CM)</b>	<b>Total Mass (Kg)</b>		
1		Flyer						
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>				
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
CERISA VENTER				BONGANI				
Date Received:		Time Received:		Date Received:		Time Received:		
18 09 18		09 43		17 09 18		1550		
Signature: CAVENTER				Signature:				

POD COPY

Version Control (01/2018)

