

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



SUBBD28993910


ADDITIONAL  
TRACKING  
NUMBERS

<b>Sender's Details</b> Company Name: <u>Emil PITOUT</u> Street Address: <u>66 WALTER SISHU STR POTCHOF STRODW</u> Suburb: <u> </u> City / Town: <u>2520</u> Postal Code: <u> </u> Contact: <u>E. PITOUT</u> Phone: <u>018-2995000</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>Le Creuset</u> Street Address: <u> </u> Suburb: <u>Jansomeret West</u> City / Town: <u> </u> Postal Code: <u> </u> Contact: <u> </u> Phone: <u> </u>		<b>Mark Service Required</b> <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 type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff
Destination Country: <u>South Africa</u> Botswana Lesotho Namibia Swaziland Other (Please Specify) <u>Jer</u>		Analysis Code: <u> </u>		
Sender's Reference: <u>4714781545</u>		Date: <u>28/09/18</u>		
<b>SPECIAL INSTRUCTIONS</b> Tariff Code: <u>027877</u> 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 <u> </u>		SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>01/11/18</u>		
<b>Total Parcels</b>		<b>Total Mass (Kg)</b>		
NO. OF PARCELS PER DIMENSIONS: <u>1</u>	LENGTH (CM): <u> </u>	WIDTH (CM): <u> </u>	HEIGHT (CM): <u> </u>	
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY): <u>MARY</u> Date Received: <u>280918</u> Time Received: <u>0912</u> Signature: <u>[Signature]</u>		<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY): <u>[Signature]</u> Date Received: <u>280918</u> Time Received: <u>1610</u> Signature: <u>[Signature]</u>		

POD COPY

Version Control (01/2018)