

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/D16342/07  
 VAT No. 4880189685



SUBBD29163034


ADDITIONAL TRACKING NUMBERS

Sender's Details			Consignee's Details. Full Street Address Please					Mark Service Required
Company Name <b>LE CREUSET</b>			Company Name <b>LE CREUSET S.A MOA</b>					<input type="checkbox"/> Same Day
Street Address <b>CRESTA SHOPPING CENTRE SHOP U41 BEYERS NAUDE DRIVE</b>			Street Address <b>SHOP 204D C/O BEN SCHOEMAN HIGHWAY &amp; ALLENDALE ROAD, WATERFALL</b>					<input type="checkbox"/> Express
Suburb <b>CRESTA</b>			Suburb <b>MIDRAND</b>					<input type="checkbox"/> With Sunrise Option
City / Town <b>JNB</b>		Postal Code <b>2021</b>	City / Town <b>GAUTENG</b>		Postal Code			<input type="checkbox"/> With Saturday Service
Contact <b>SISA MOYO 011 476 6010</b>			Contact <b>PHINDILE 011 568 2097</b>					<input type="checkbox"/> Public Holiday Service
Destination Country			Destination Country					<input checked="" type="checkbox"/> Economy
<input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other			Analysis Code					<input type="checkbox"/> After Hours
Sender's Reference <b>UT13942244</b>			Analysis Code					<input type="checkbox"/> BLNS Customs Tariff
<b>SPECIAL INSTRUCTIONS</b> Tariff Code <b>027766</b> Bill To Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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). IF Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.								
SENDER'S AUTHORIZED SIGNATURE <i>Ch. Litogolo</i> DATE <b>24/08/18</b>								
Total Parcels			NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
1								
Goods received in full without damage (unless endorsed)				Received By DSV				
Name Of Recipient (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)				
<b>PHINDILE</b>				<b>SPARASIM</b>				
Date Received:		Time Received:		Date Received:		Time Received:		
<b>25/07/18</b>		<b>16:05</b>		<b>24/07/18</b>		<b>16:48</b>		
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>				

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