

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

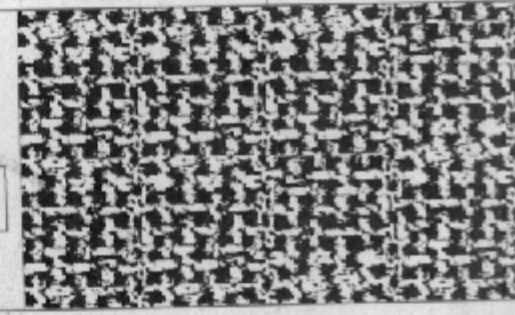


SUBBD29245118


UTI 5537039

<b>Sender's Details</b> Company Name: <u>LE CREUSET WATERCREST</u> Street Address: <u>SHOP UG04 WATERCREST MALL INANDA ROAD</u> Suburb: _____ City/Town: <u>DURBAN</u> Postal Code: <u>3652</u> Contact: <u>SIPESANDE/MOMA</u> Phone: <u>031 763 1525</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>UNIT 1 HERON PARK</u> Street Address: <u>OLIVE GLOVE INDUSTRIAL ESTATE OLD PAARDVLEI ROAD</u> Suburb: <u>SOMERSET WEST</u> City/Town: <u>CAPE TOWN</u> Postal Code: _____ Contact: <u>JACQUILINE</u> Phone: <u>021 851 870</u>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input checked="" type="checkbox"/> <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 BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		Analysis Code: _____		
Sender's Reference: <u>FILE</u>				
<b>SPECIAL INSTRUCTIONS</b> Tariff Code: _____ Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ 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 _____		SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>16/11/18</u>		
Total Parcels: <u>1</u>	NO. OF PARCELS PER DIMENSIONS: <u>1</u>	LENGTH (CM): _____	WIDTH (CM): _____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Cerisa</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>SINSONGA</u>		
Date Received: <u>16/11/18</u> Time Received: <u>0944</u>		Date Received: <u>16/11/18</u> Time Received: <u>1400</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		

POD COPY



Version Control (01/2016)