

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



SUBBD29245126

UTI 5885165

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <u>Le-Creuset Watercrest</u>		Company Name: <u>Le-Creuset Warehouse</u>		<input type="checkbox"/> Same Day	
Street Address: <u>Shop Ugoke Watercrest -</u>		Street Address: <u>Unit 5 Heron Park</u>		<input type="checkbox"/> Express	
<u>Mall Inanda Road</u>		<u>Olive Grove, Somerset West</u>		<input type="checkbox"/> With Sunrise Option	
<u>Waterfall</u>				<input type="checkbox"/> With Saturday Service	
Suburb: <u> </u>		Suburb: <u> </u>		<input type="checkbox"/> Public Holiday Service	
City/Town: <u>Durban</u> Postal Code: <u>3652</u>		City/Town: <u>Cape Town</u> Postal Code: <u>8001</u>		<input checked="" type="checkbox"/> Economy	
Contact: <u>Givesa de</u>		Contact: <u>LAUREN</u>		<input type="checkbox"/> After Hours	
Phone: <u>031-763 1525</u>		Phone: <u>021-851 7178</u>		<input type="checkbox"/> BLNS Customs Tariff	

Destination Country	<input type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input type="checkbox"/> Swaziland	<input type="checkbox"/> Other (Please Specify)
Sender's Reference	<u>Wooden Cubes</u>			Analysis Code		

SPECIAL INSTRUCTIONS

Tarril Code: 027766 Bill To Sender Consignee 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)

SENDER'S AUTHORIZED SIGNATURE: [Signature] DATE: 11/12/2018

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>Box</u>			

<p>Goods received in full without damage (unless endorsed)</p> <p>Name Of Receiver (PLEASE PRINT CLEARLY)</p> <p><u>LAUREN</u></p> <p>Date Received: <u>13/2/18</u> Time Received: <u>11/13</u></p> <p>Signature: <u>[Signature]</u></p>	<p>Received By DSV</p> <p>Name Of Courier (PLEASE PRINT CLEARLY)</p> <p><u>SIA</u></p> <p>Date Received: <u>13/2/18</u> Time Received: <u>1540</u></p> <p>Signature: <u>[Signature]</u></p>	
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Version Control (01/2018)