

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



SUBBD29245139

UTI: 6254805

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET WATERKRAST</u>				Company Name <u>UNIT 1 HERON PARK</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP JEO4 WATER- CREST MALL INANDA ROAD</u>				Street Address <u>OLIVE GLOVE INDUSTRIAL ESTATES OLD PAARDVLEI ROAD SOMERSET WEST</u>				<input type="checkbox"/> Express	
Suburb				Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town <u>DURBAN</u>		Postal Code <u>3652</u>		City / Town <u>CAPE TOWN</u>		Postal Code <u>8001</u>		<input type="checkbox"/> With Saturday Service	
Contact <u>SIPESANDE</u>				Contact <u>CARMEN</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>031 7631525</u>				Phone <u>021 851 7178</u>				<input type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <u>CUBE</u>				Analysis Code				<input type="checkbox"/> BLNS	
								<input type="checkbox"/> Customs	
								<input type="checkbox"/> Tariff	

SPECIAL INSTRUCTIONS

Tarif Code

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)

7021 22/01/19

SENDER'S AUTHORISED SIGNATURE **DATE**

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>1 Box</u>			

Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Carmen</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>Siyabonga</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>04/01/19</u>		<u>17:09:23</u>		<u>22/01/19</u>		<u>14:00</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Control (01/2016)