

CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
 1/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673 2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685

SUBBDD29418164
 SUBBT13464332
 SUBBT13464350
 NUMBERS

SUBBDD29418164

Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name LE CREUSET JHB
 Street Address UNITY, ~~WINDMILL~~ GASTRUATE BUSINESS PARK, CNR MACBODAR RD 8 SOUTH RD
 Suburb SANDTON
 City / Town JNB Postal Code _____
 Contact _____
 Phone _____

Company Name LE CREUSET HEAD OFFICE
 Street Address UNIT 5, HERON PARK
 Suburb SOMERSET-WEST
 City / Town CPT Postal Code _____
 Contact FRANCE
 Phone 021 851 7178

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Emergency

After Hours

BLNS
 Customs
 Tariff

Destination Country South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference ST OK Analysis Code _____

SPECIAL INSTRUCTIONS FRANCE

Tariff Code 07766 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)

Alford
 SENDER'S AUTHORISED SIGNATURE

19/12/2018
 DATE

1. ONLINE

3. EFT

Total Mass (Kg)

27kg

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number _____

Total Parcels

NO. OF PARCELS PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

3

Box 2

56
54
42

23
27
31

27
24
47

Goods received in full without damage (unless endorsed)

Received By DSV

Name Of Receiver (PLEASE PRINT CLEARLY)

Name Of Carrier (PLEASE PRINT CLEARLY)

BASIL 951

Winko 9

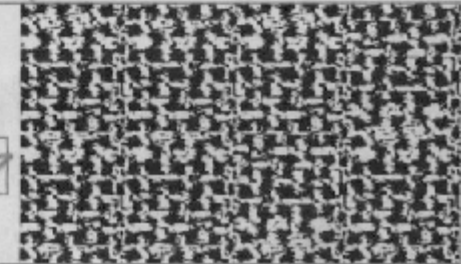
Date Received: 21 12 18

Time Received: 12 20

Date Received: 19 12 18 Time Received: 15 00

Signature: [Signature]

Signature: [Signature]



POD COPY

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