

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



SUBBD29418172

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET JHB		Company Name LE CREUSET LA LUCIA						<input type="checkbox"/> Same Day	
Street Address UNIT 4, EASTGATE BUSINESS PARK, CNR MARIBOLD DRIVE & SOUTH DRIVE, LA LUCIA 'MALL' RD		Street Address SHOP 3C, 90 WILLIAM CAMPBELL						<input type="checkbox"/> Express	
Suburb SANDTON		Suburb LA LUCIA						<input type="checkbox"/> With Sunrise Option	
City / Town JHB Postal Code		City / Town DURBAN Postal Code						<input type="checkbox"/> With Saturday Service	
Contact DEANNE DANIEL		Contact ATISHA CASSE						<input checked="" type="checkbox"/> Public Holiday Service	
Phone 073 505 2470		Phone 031 572 5045						<input checked="" type="checkbox"/> Evening	
Destination Country <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
Other (Please Specify)		Analysis Code						<input type="checkbox"/> After Hours	
Sender's Reference STOCK		Analysis Code						BLNS Customs Tariff	
SPECIAL INSTRUCTIONS FRAGILE		Tariff Code						1. ONLINE <input type="checkbox"/>	
Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <input type="checkbox"/>		Total Mass (Kg)	
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		SENDER'S AUTHORIZED SIGNATURE <i>Dwards</i>						DATE 06/12/2018	
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 14.6 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 14.8 14.8 AND 14.7 OVERLEAF)		e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1		BOX		48		43		31	
Goods received in full without damage (unless endorsed)		Name Of Receiver (PLEASE PRINT CLEARLY)		Received By DSV		Name Of Courier (PLEASE PRINT CLEARLY)		Date Received	
ALVIMA		ALVIMA		HILBERT		HILBERT		06/12/18	
Date Received: 07/2/18		Time Received: 1330		Date Received: 06/12/18		Time Received: 1430		Signature: <i>B</i>	

POD COPY

Form 01/2018