

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



SUBBD29418178

ADDITIONAL
TRACKING
NUMBERS

Sender's Details Company Name: <u>LE CREUSET JHB</u> Street Address: <u>UNIT 4, EASTGATE BUSINESS PARK, CNR MALLBOBO DRIVE & SOUTH ROAD SANDTON</u> City/Town: <u>JHB</u> Postal Code: _____ Contact: <u>DWANE</u> Phone: <u>073 505 2470</u>		Consignee's Details. Full Street Address Please Company Name: <u>KLOPPERS BLOEMFONTEIN</u> Street Address: <u>LOCH LOGAN WATERFRONT HENRY STREET</u> Suburb: <u>BLOEMFONTEIN</u> City/Town: <u>BLOEMFONTEIN</u> Postal Code: <u>9301</u> Contact: <u>ALIDA</u> Phone: <u>051 400 5500</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Eco <input type="checkbox"/> After Hours BLNS Customs Tariff
Destination Country: <input checked="" 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>BAGS</u> Analysis Code: _____		SPECIAL INSTRUCTIONS: <u>FRAGILE</u> Tariff Code: _____ Bill To 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.		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
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 Authorised Signature: <u>Alida</u> DATE: <u>07/11/2018</u>		Total Mass (Kg): <u>17KG</u>
Total Parcels: <u>16</u> NO. OF PARCELS PER DIMENSIONS: <u>Box 61</u>		LENGTH (CM): <u>28</u> WIDTH (CM): <u>28</u> HEIGHT (CM): <u>47</u>	Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>Mare</u> Date Received: <u>08.11.2018</u> Time Received: _____ Signature: <u>Mare</u>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>Mare</u> Date Received: <u>07/11/18</u> Time Received: <u>13:50</u> Signature: _____

CONTENTS NOT CHECKED

KLOPPERS BLOEMFONTEIN
LOCH LOGAN WATERFRONT
POSBUS 2857
DANHOFF 9301

POD COPY

Version Control: 01/2018