

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. 4690169685



SUBBD29418185

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET JHB		Company Name: BAY TREE HOME & DECOR				<input type="checkbox"/> Same Day	
Street Address: UNIT 4, EASTGATE BUSINESS PARK, CNR MARIBORO DRIVE & SOUTH RD		Street Address: SHOP 61, SOUTH COAST MALL, IZOTSHA RD				<input type="checkbox"/> Express	
Suburb: SANDTON		Suburb: SHELLY BEACH				<input type="checkbox"/> With Sunrise Option	
City/Town: JHB Postal Code: 		City/Town: KZN Postal Code: 				<input type="checkbox"/> With Saturday Service	
Contact: DUCANE		Contact: 				<input type="checkbox"/> Public Holiday Service	
Phone: 073 505 2470		Phone: 039 315 0015				<input checked="" type="checkbox"/> Emergency	
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)		BLNS Customs Tariff			
Sender's Reference: STOCK (REPLACEMENT)		Analysis Code: 				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: FRAGILE						3. EFT <input type="checkbox"/>	
Tariff Code: 		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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)							
				<i>David</i>		26/10/2018	
				SENDER'S AUTHORISED SIGNATURE		DATE	
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)		Total Mass (Kg)					
1		Box		30		26	
23		2 Kg					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Maarten				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Muhammad			
Date Received: 29/01/8		Time Received: 1147		Date Received: 26/10/18		Time Received: 1600	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

Version Control: (01/2018)