

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD29418186

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ADDITIONAL
TRACKING
NUMBERS

POD COPY

Sender's Details Company Name LE CREUSET JHB Street Address UNIT 4, EASTGATE BUSINESS PARK, CNR MARLBORO & SOUTH ROAD SANOTON City/Town JHB Postal Code Contact DEANE Phone 073 505 2470		Consignee's Details. Full Street Address Please Company Name LE CREUSET WATERFAU (RUSTENBURG) Street Address SHOP 101, 1 AUGRABIES AVENUE WATERFAU PARK Suburb RUSTENBURG City/Town RUSTENBURG Postal Code Contact TSHEPANG MOJALEFA Phone 014 537 2279		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"/> Expedite <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 STOCK Analysis Code			
SPECIAL INSTRUCTIONS FRAGILE				
Tariff Code	Bill To <input type="checkbox"/> 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.		
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 OWNER'S 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 14.6 AND 14.7 OVERLEAF).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE Deane	DATE 25/10/2018	
Total Parcels 1	NO. OF PARCELS PER DIMENSIONS Box	LENGTH (CM) 50	WIDTH (CM) 50	
			HEIGHT (CM) 10	
		Total Mass (Kg) 4Kg		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) INGRID		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)		
Date Received: 26/10/18		Date Received: 25/10/18		
Time Received: 1130		Time Received: 1400		
Signature: [Signature]		Signature: [Signature]		

Version Control: (01/2018)