

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 53, The Reeds 0361
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4860189685



SUBBD29418191

Sender's Details		Consignee's Details. Full Street Address Please.				Mark Service Required	
Company Name <u>LE CREUSET JHB</u>		Company Name <u>LE CREUSET RUSTENBURG</u>				<input type="checkbox"/> Same Day	
Street Address <u>UNIT 4, EASTGATE BUSINESS PARK, CNR MARLBORO & SOUTH DRIVE</u>		Street Address <u>STAP 101, LAUGRABESE AVENUE WATERFALL PARK</u>				<input type="checkbox"/> Express	
Suburb <u>SANDTON</u>		Suburb <u>RUSTENBURG</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <u>JHB</u> Postal Code <u> </u>		City/Town <u>NORTH WEST</u> Postal Code <u> </u>				<input type="checkbox"/> With Saturday Service	
Contact <u>DEAN</u>		Contact <u> </u>				<input checked="" type="checkbox"/> Emergency	
Phone <u>073 5052670</u>		Phone <u> </u>				<input type="checkbox"/> After Hours	
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) <u> </u>		BLNS Customs Tariff <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>		3. EFT <input type="checkbox"/>	
Sender's Reference <u>STOCK</u>		Analysis Code <u> </u>				Total Mass (Kg) <u>14kg</u>	
SPECIAL INSTRUCTIONS <u>FRAGILE</u>							
Tariff Code <u> </u>		Bill To <input type="checkbox"/> 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)							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u> </u>				SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>		DATE <u> </u>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
<u>1</u>		<u>BOX</u>		<u>45</u>		<u>35</u>	
						HEIGHT (CM)	
						<u>37</u>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>LERATO</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>			
Date Received: <u>08 10 2018</u>		Time Received: <u>1350</u>		Date Received: <u>08 10 18</u>		Time Received: <u>1500</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

POD COPY

Version Contract 01/2015