

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



SUBBD29418194

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SUBHT13464361
SUBHT13464362
NO TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>LE CREUSET JHS</u>		Company Name <u>LE CREUSET CPT</u>				<input type="checkbox"/> Same Day
Street Address <u>UNIT 4, CNR MARIBORO DRIVE & SOUTH RD, EASTGATE BUSINESS PARK, SANDTON</u>		Street Address <u>UNIT 5 HERON PARK, OLIVE GROVE ESTATE, OLD PARADISE RD, SOMERSET WEST</u>				<input type="checkbox"/> Express
Suburb <u>SANDTON</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option
City / Town <u>JHS</u>	Postal Code	City / Town <u>CPT</u>	Postal Code <u>7130</u>		<input type="checkbox"/> With Saturday Service	
Contact <u>OLIVIER</u>		Contact <u>FRANCI</u>			<input type="checkbox"/> Public Holiday Service	
Phone <u>0735052470</u>		Phone <u>0218517178</u>			<input checked="" type="checkbox"/> Economy	
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>STOCK</u>	Analysis Code					<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS <u>PLEASE HANDLE WITH CARE</u>						<input type="checkbox"/> 1. ONLINE
Tariff Code	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>			<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)						Total Mass (Kg)
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						<u>24Kg</u>
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)		
<u>3</u>	<u>BOXES = L</u>	<u>33</u>	<u>34</u>	<u>42</u>		
		<u>38</u>	<u>37</u>	<u>26</u>		
		<u>31</u>	<u>49</u>	<u>36</u>		
	<u>031018</u>	<u>0930</u>				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>HELBET</u>			
Date Received: <u>031018</u>		Time Received: <u>0930</u>		Date Received: <u>011019</u>		
				Time Received: <u>1430</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>				

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Version Control (01/2018)