

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD29427147

ADDITIONAL TRACKING NUMBERS																				

Sender's Details				Consignee's Details. Full Street Address Please								Mark Service Required			
Company Name <u>Sheri-Ann van Dyk</u>				Company Name <u>Le Creusset.</u>								<input type="checkbox"/> Same Day			
Street Address <u>10 El Paraiso</u>				Street Address								<input type="checkbox"/> Express			
<u>Bathing Road</u>												<input type="checkbox"/> With Sunrise Option			
Suburb <u>Beacon Bay</u>				Suburb <u>SOMERSET WEST</u>								<input type="checkbox"/> With Saturday Service			
City / Town <u>East London</u> Postal Code <u>5201</u>				City / Town <u>CAPE TOWN</u> Postal Code								<input type="checkbox"/> Public Holiday Service			
Contact <u>Sheri-Ann</u>				Contact <u>SHELENE</u>								<input checked="" type="checkbox"/> Economy			
Phone <u>082 336 2036</u>				Phone <u>021-3802180</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)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference				Analysis Code											
SPECIAL INSTRUCTIONS														1. ONLINE <input type="checkbox"/>	
Tarrif Code <u>027877</u>				Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>				3. EFT <input type="checkbox"/>			
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.														Total Mass (Kg) <u>1.1</u>	
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															
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT(CM)							
<u>1</u>		<u>1x4x2</u>													
Goods received in full without damage (unless endorsed)						Received By DSV									
Name Of Receiver (PLEASE PRINT CLEARLY)						Name Of Courier (PLEASE PRINT CLEARLY)									
<u>PP. JASMIN</u>						<u>TMAW</u>									
Date Received:		Time Received:		Date Received:		Time Received:									
<u>10/08</u>		<u>1250</u>		<u>08/10/8</u>		<u>1250</u>									
Signature: <u>Hubert</u>						Signature: <u>[Signature]</u>									

POD COPY

Version Control (01/2018)