

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



DSV Road (Pty) Ltd
 1/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685

Adco



SUBBD29966736

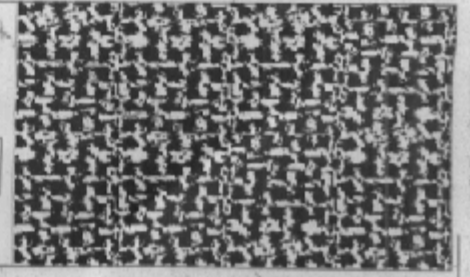
SUBHT13035397			
ADDITIONAL TRACKING NUMBERS			

Sender's Details		Consignee's Details: Full Street Address Please				Mark Service Required	
Company Name <i>Le Creuset SA</i>		Company Name <i>Le Creuset SA</i>				<input type="checkbox"/> Same Day	
Street Address <i>Shop 105</i>		Street Address <i>Unit 5</i>				<input type="checkbox"/> Express	
<i>Garden Route Mall</i>		<i>Heron Park</i>				<input type="checkbox"/> With Sunrise Option	
<i>N2 Highway x Kraysna Road</i>		<i>Olive Grove Park</i>				<input type="checkbox"/> With Saturday Service	
Suburb <i>George</i>		Suburb <i>Somerset West</i>				<input type="checkbox"/> Public Holiday Service	
City/Town <i>George</i> Postal Code <i>6546</i>		City/Town <i>Cape Town</i> Postal Code <i>8001</i>				<input checked="" type="checkbox"/> Economy	
Contact <i>Lizanne</i>		Contact <i>Franki</i>				<input type="checkbox"/> After Hours	
Phone <i>044 004 0112</i>		Phone <i>021 851 7178</i>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)				<input type="checkbox"/> 1. ONLINE	
Sender's Reference <i>UT16617031</i>		Analysis Code				<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS							
Tariff Code <i>027766</i>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>	
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)	
<i>2</i>		<i>2 x Boxes</i>		<i>mid-month sale</i>		<i>women's replacement</i>	
				<i>cube</i>		<i>transit waterfront</i>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <i>BASIL</i>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <i>DETUNTON</i>			
Date Received: <i>19 02 19</i>		Time Received: <i>09 25</i>		Date Received: <i>18 02 19</i>		Time Received: <i>16 50</i>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

[Signature] *18/02/2019*
 SENDER'S AUTHORISED SIGNATURE DATE

Total Mass (Kg)



Version Control (01/2018)