

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



SUBBD29981144

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Replacements
Walmer Park
TRACKING
NUMBERS

Sender's Details Company Name <u>Le Creuset</u> Street Address <u>Shop 103</u> <u>Walmer Park</u> <u>Shopping Centre</u> Suburb <u>Walmer Park</u> City / Town <u>P.E</u> Postal Code <u>6001</u> Contact <u>Rene Newfeldt</u> Phone <u>041 367 2318</u>		Consignee's Details. Full Street Address Please Company Name <u>Le Creuset Warehouse</u> Street Address <u>Unit 5 Heron Park</u> <u>Olive Grove Industrial estate</u> <u>Old Paardevlei Road</u> Suburb <u>Somerset West</u> City / Town <u>Cape Town</u> Postal Code <u>7100</u> Contact <u>franci & Jenna</u> Phone <u>021 581 7178</u>		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"/> Economy <input type="checkbox"/> After Hours
Destination Country <input 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)		BLNS Customs Tariff		
Sender's Reference		Analysis Code		
SPECIAL INSTRUCTIONS Tariff Code <u>027766</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		SENDER'S AUTHORIZED SIGNATURE <u>[Signature]</u> DATE <u>01.02.2019</u>		
Total Parcels <u>1</u> NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>		Received By DSV Name Of Receiver (PLEASE PRINT CLEARLY) <u>ZAMG</u>		
Date Received: <u>040219</u> Time Received: <u>0950</u>		Date Received: <u>020119</u> Time Received: <u>1530</u>		
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>		

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Version Control (01/2016)