

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



SUBBD29981149

2 2 2 E E E 2 2 2

INTERSTORE	
TRANSFER ONAL	
TRACKING	
NUMBERS	

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	LE CREUSET WALMER	Company Name	LE CREUSET ONLINE	<input type="checkbox"/>	
Street Address	SHOP 103 WALMER PARK SHOPPING CENTRE WALMER PARK	Street Address	UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL EST OLD PAARDEVELEI ROAD. SOMERSET WEST.	<input type="checkbox"/>	
Suburb		Suburb		<input type="checkbox"/>	
City / Town	P.E. Postal Code 6001	City / Town	CAPE TOWN Postal Code 8001	<input type="checkbox"/>	
Contact	RENE NEUFELDT	Contact	MARY	<input type="checkbox"/>	
Phone	041 367 2318	Phone	021 851 7178	<input checked="" type="checkbox"/>	
Destination Country	South Africa	Destination Country	South Africa	<input type="checkbox"/>	
Sender's Reference	UTI 1220	Analysis Code		<input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>					
Tariff Code	027766	Bill To	<input type="checkbox"/> Sender	<input type="checkbox"/> Consignee	<input type="checkbox"/> Other (Name Please)
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			
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
1					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)		
BASIL			XOLANI		
Date Received: 200219			Date Received: 190219		
Time Received: 1220			Time Received: 1520		
Signature:			Signature:		

POD COPY