

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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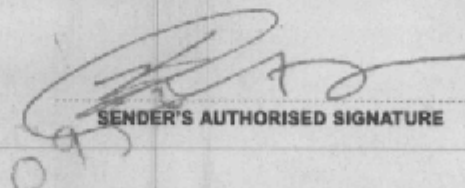
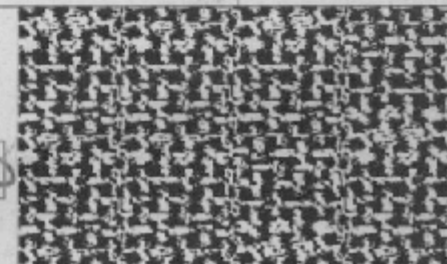
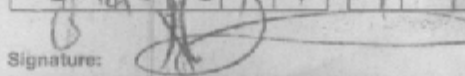


DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD29981156

Banking files					
Baywest and					
Walmer Park					
NUMBERS					

Sender's Details			Consignee's Details. Full Street Address Please						Mark Service Required				
Company Name De Creuset Walmer			Company Name De Creuset Accounts						<input type="checkbox"/> Same Day				
Street Address Shop 103 Walmer Park Shopping Centre Walmer Park			Street Address Unit 5, Heron Park Olive Grove, Industrial Est. Old Paardevlei Road. Somerset West.						<input checked="" type="checkbox"/> Express				
Suburb Walmer Park			Suburb Somerset West.						<input type="checkbox"/> With Sunrise Option				
City / Town P.E. Postal Code 6001			City / Town Cape Town Postal Code 8001						<input type="checkbox"/> With Saturday Service				
Contact Rene Nenfeldt			Contact Clarence Brown						<input type="checkbox"/> Public Holiday Service				
Phone 041 367 2318			Phone 021 851 7178						<input type="checkbox"/> Economy				
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference UTI			Analysis Code						<input type="checkbox"/> After Hours				
SPECIAL INSTRUCTIONS													
Tariff Code 027766			Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>					<input type="checkbox"/> 1. ONLINE	
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)													
SENDER'S AUTHORIZED SIGNATURE  DATE 01.03.19													
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		15											
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Cerise						Received by DSV Name Of Collector (PLEASE PRINT CLEARLY) XOLAM							
Date Received: 04 03 19			Time Received: 09 41			Date Received: 04 03 19			Time Received: 14 40				
Signature: CAVenter						Signature: 							

POD COPY

Version Control (01/2015)