

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



SUBBD29981161

DAMAGES &
REPLACEMENTS.
TRACKING
INTERSTORE
TRANSFER.

Sender's Details

Consignee's Details. Full Street Address Please

Company Name **LE CREUSET®**
Street Address **LE CREUSET WALMER PARK**
CO. REG.: 1997/024366/07
VAT: 4160178069
Suburb **TEL: 041 367 2318**
EMAIL: **walmerstore@lecreuset.com**
City/Town **Walmer** Postal Code
Contact **René Neufeldt**
Phone **041 367 2318**

Company Name **Le Creuset Warehouse**
Street Address **Unit 5 Heron Park**
Olive Grove Estate.
Old Paarl Road
Suburb **Somerset West**
City/Town **Cape Town** Postal Code
Contact **ATI Fouché & Jansen**
Phone **021 851 7178**

- Mark Service Required
- Same Day
- Express
- With Sunrise Option
- With Saturday Service
- Public Holiday Service
- Economy
- After Hours

BLNS
Customs
Tariff

Destination Country South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)
Sender's Reference **UT1 661 7510** Analysis Code

SPECIAL INSTRUCTIONS

Tariff Code **027766** Bill To Sender Consignee 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)

[Signature] **18.02.19.**
SENDER'S AUTHORISED SIGNATURE DATE

- 1. ONLINE
- 3. EFT

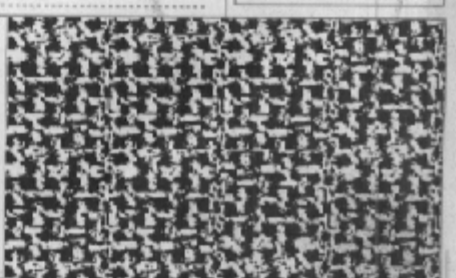
Total Mass (Kg)

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels **1** 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) **MISIL**
Date Received: **19 02 19** Time Received: **0920**
Signature: *[Signature]*

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY) **XOLANI**
Date Received: **18 02 19** Time Received: **1505**
Signature: *[Signature]*



POD COPY

Version Control (01/2018)