

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



SUBBD30087816

ADDITIONAL	
TRACKING	
NUMBERS	

Sender's Details Company Name: <u>Le Creuset (S.A)</u> Street Address: <u>Shop 244</u> <u>Leonora Drive,</u> <u>Ballito, Dolphin Coast</u> Suburb: <u>Tongaat</u> City/Town: <u>DURBAN</u> Postal Code: <u>4399</u> Contact: <u>SASHA TSHCPANG</u> Phone: <u>032 001 0138</u>		Consignee's Details. Full Street Address Please Company Name: <u>Le Creuset (S.A)</u> Street Address: <u>Shop G158</u> <u>No.1 Palm, Boulevard, Umhlanga</u> <u>Ridge, Newtown Centre</u> Suburb: <u>Umhlanga</u> City/Town: <u>DURBAN</u> Postal Code: <u>4320</u> Contact: <u>CASSANDRA/NATASJA</u> Phone: <u>031 100 1239</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 After Hours <input type="checkbox"/> BLNS Customs Tariff
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		Analysis Code		
SPECIAL INSTRUCTIONS Tariff Code: <input type="checkbox"/> Bill To 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 AUTHORISED SIGNATURE: <u>IMOT</u> DATE: <u>21/01/19</u>		
Total Parcels NO. OF PARCELS PER DIMENSIONS: <u>1 BOX</u> LENGTH (CM) WIDTH (CM) HEIGHT (CM)		Total Mass (Kg)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>CASSANDRA</u> Date Received: <u>220119</u> Time Received: <u>1205</u> Signature: <u>Allusau</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>CHRIS</u> Date Received: <u>21/01/19</u> Time Received: <u>1610</u> Signature: <u>CHRIS</u>		

POD COPY

Version Control (01/2018)