

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. 4880189585



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|--|--|--|-------------|--|-------------|
| Sender's Details Company Name: <u>LE CREUSET</u> Street Address: <u>SHOP 044</u> <u>Leonora Drive</u> <u>Polphin Coast</u> <u>BALITO</u> Suburb: _____ City/Town: <u>DURBAN</u> Postal Code: <u>4399</u> Contact: <u>SONIA</u> Phone: <u>032 004 0148</u> | | Consignee's Details. Full Street Address Please Company Name: <u>LE CREUSET</u> Street Address: <u>90 WILLIAM CAMPBELL DRIVE</u> <u>LA LUCIA MALL, SHOP 3</u> Suburb: <u>DURBAN NORTH</u> City/Town: <u>DURBAN</u> Postal Code: <u>4008</u> Contact: <u>SONIHA</u> Phone: <u>031 512 545</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 BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT | |
| Destination Country: <u>South Africa</u> | | Analysis Code: _____ | | Total Mass (Kg) | |
| SPECIAL INSTRUCTIONS Tariff Code: _____ 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 _____ | | SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>10/01/19</u> | | Total Mass (Kg) | |
| Total Parcels | | NO. OF PARCELS PER DIMENSIONS | LENGTH (CM) | WIDTH (CM) | HEIGHT (CM) |
| <u>1</u> | | <u>11 x</u> | <u>Box</u> | <u>114</u> | <u>18 2</u> |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>STHEMBILEY TON</u> | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>MAS 940</u> | | | |
| Date Received: <u>11/01/19</u> | | Time Received: <u>1300</u> | | Date Received: <u>10/01/19</u> | |
| Signature: <u>[Signature]</u> | | Signature: <u>[Signature]</u> | | Time Received: <u>1554</u> | |

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Version Control (07/2015)