

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 83, The Roads 0081
Tel: (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25505538

5464111831002
SUBHT11831209

Sender's Details		Consignee's Details, Full Street Address Please		Mark Service Required	
Company Name: <u>Le creuset Ntshini</u>	Company Name: <u>Le creuset Hobart Grove</u>			<input type="checkbox"/> Same Day	
Street Address: <u>Shop 12 January</u>	Street Address: <u>Shop 51 Cnr Hobart</u>			<input type="checkbox"/> Express	
<u>Mogelala B Amantso</u>	<u>3 Grosvenor Rd</u>			<input type="checkbox"/> With Sunrise Option	
<u>Drive</u>				<input type="checkbox"/> With Saturday Service	
Suburb: <u>Waterkloof ext 2</u>	Suburb: <u>Brynston</u>			<input type="checkbox"/> Public Holiday Service	
City / Town: <u>Pretoria</u> Postal Code: <u>0002</u>	City / Town: <u>Townesburg</u> Postal Code: <u>2001</u>			<input checked="" type="checkbox"/> Economy	
Contact: <u>Toni</u>	Contact: <u>Sukhian</u>			<input type="checkbox"/> After Hours	
Phone: <u>012 04 0082</u>	Phone: <u>011 568 4708</u>			<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)					
Sender's Reference: <u>UT18443173</u>		Analysis Code			
SPECIAL INSTRUCTIONS					
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R250.00 PER SHIPMENT (SEE CLAUSE 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		3. EFT <input type="checkbox"/>	
		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u> DATE <u>30/5/2010</u>		Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number					
Total Parcels: <u>09</u>	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
			<u>1615</u>		
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>Senanana</u>		Name Of Courier (PLEASE PRINT CLEARLY) <u>[Signature]</u>			
Date Received: <u>27-05-2010</u> Time Received: <u>1654</u>		Date Received: <u>26/01/7</u> Time Received: <u>1550</u>			
Signature: <u>[Signature]</u>		Signature: <u>[Signature]</u>			