

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0081
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873

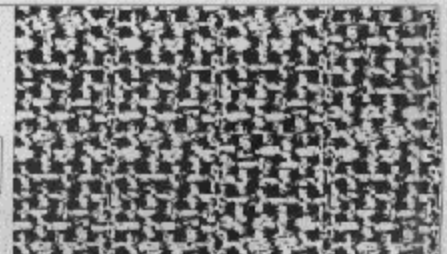


SUBBD26435458

SUBHT22741491

POD COPY

Sender's Details Company Name: <u>LE CREUSET MALL OF THE SHOP G062</u> Street Address: <u>MALL OF THE SOUTH</u> <u>KLIPRIVIER DRIVE & SWARTKOPPI</u> Suburb: <u>ASPEN HILLS-JHB</u> City / Town: <u>JNB</u> Postal Code: <u></u> Contact: <u>LULO NONOISE</u> Phone: <u>010 500 0223</u>		Consignee's Details. Full Street Address Please Company Name: <u>LE CREUSET</u> Street Address: <u>UNIT 5 HERON PARK</u> <u>OLIVE GROVE BUSINESS PARK</u> <u>THE INTERCHANGE</u> Suburb: <u>SOMERSET WEST</u> City / Town: <u>CAPE TOWN</u> Postal Code: <u></u> Contact: <u>CLARICE</u> Phone: <u>021 851 7178</u>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input 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> <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) <u></u>		Analysis Code: <u></u>		
Sender's Reference: <u>4718884174</u>				
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <u></u> 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 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 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).				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number <u></u>		SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>15/11/17</u>		
Total Parcels: <u>2</u>		NO. OF PARCELS PER DIMENSIONS LENGTH (CM) <u></u> WIDTH (CM) <u></u> HEIGHT (CM) <u></u>		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>J BENA DE</u> Date Received: <u>16/11/17</u> Time Received: <u>0858</u> Signature: <u>[Signature]</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>OSCAR</u> Date Received: <u>15/11/17</u> Time Received: <u>1500</u> Signature: <u>[Signature]</u>		



Version Control (05/2016)