

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD28386088

Sender's Details Company Name: LE CREUSET LA LUCIA Street Address: SHOP 03, 90 WILLIAM CAMPBELL LA LUCIA HALL DURBAN NORTH Suburb: _____ City / Town: DUR Postal Code: 4000 Contact: _____ Phone: 0315725045		Consignee's Details. Full Street Address Please Company Name: LE CREUSET WATERCREST Street Address: SHOP UG 04 WATERCREST MAIL IRANDA ROAD WATERHILL Suburb: _____ City / Town: DURBAN Postal Code: 3050 Contact: _____ Phone: _____		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 type="checkbox"/> Economy <input type="checkbox"/> After Hours <input type="checkbox"/> BLNS Customs Tariff
Destination Country: South Africa <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify) _____		Analysis Code: _____		
Sender's Reference: _____				
SPECIAL INSTRUCTIONS Tariff Code: 027766 <input type="checkbox"/> Bill To <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 AUTHORISED SIGNATURE _____ DATE 24/12/2018		
Total Parcels NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)	Total Mass (Kg) _____			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) SIRE SANDER Date Received: 271218 Time Received: 1139 Signature: _____				
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Levald Date Received: 241218 Time Received: 1400 Signature: _____				

Version Control (01/2018)