

CONTRACT FOR CARRIAGE / DISPATCH NOTE

DSV Road (Pty) Ltd
c/o DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4690169635

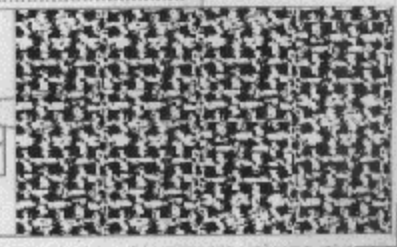


SUBBD27574504

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET KILLARNEY		Company Name LE CREUSET HYDE PARK				<input type="checkbox"/> Same Day	
Street Address SHOP 100 KILLARNEY MAJORIVIERA ROAD		Street Address SHOP 71 UPPER MALL HYDE PARK JAN SMUTS AND LORCH 18TH AVENUE				<input type="checkbox"/> Express	
Suburb KILLARNEY		Suburb HYDE PARK				<input type="checkbox"/> With Sunrise Option	
City/Town JNB Postal Code 2193		City/Town JNB Postal Code 2196				<input type="checkbox"/> With Saturday Service	
Contact EARL		Contact PATRICIA				<input type="checkbox"/> Public Holiday Service	
Phone 011 646 6316		Phone 011 325 5606				<input checked="" type="checkbox"/> Economy	
Destination Country South Africa		Other (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference UT10408622		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender 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 250.00 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							
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
<input type="checkbox"/>							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
MUNAKA				JOE			
Date Received:		Time Received:		Date Received:		Time Received:	
08 02 18		12 22		07 02 18		16 48	
Signature: [Signature]				Signature: [Signature]			



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