

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. 4880189685



SUBBD28616765

S	4	2	5	T	8	0	3	2	4	7	2	2
ADDITIONAL TRACKING NUMBERS												

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
LE CREUSET Company Name SHOP UL262 Street Address PAVILION SHOPPING CENTRE WESTVILLE Suburb City / Town DUR Postal Code 4000 Contact TRISINA / ATISHA Phone 031-2658455		LE CREUSET CPT Company Name UNIT 5 HERON PARK Street Address OLIVE GROVE ESTATE Suburb SOMERSET WEST City / Town SOMERSET WEST (SSW) Postal Code 8000 Contact JENNA / FRANCES Phone 021 851 7178		<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	
Destination Country <input checked="" 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)		Analysis Code		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference UT16449139		SPECIAL INSTRUCTIONS DAMAGES / REPLACEMENTS		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
Tariff Code 027766		Bill To <input type="checkbox"/> Sender <input checked="" 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 <i>[Signature]</i>		DATE 04/02/2019	
Total Parcels 2		NO. OF PARCELS PER DIMENSIONS 2 X BOX		LENGTH (CM) 50 WIDTH (CM) 30 HEIGHT (CM) 15	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) BASIL		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) AARON		Date Received: 070219 Time Received: 0915	
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Total Mass (Kg)	