

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25699993

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| Sender's Details | | Consignee's Details. Full Street Address Please | | Mark Service Required | |
|--|---|--|--|--|--|
| Company Name | Baywest Le Creuset | Company Name | Le creuset Warehouse | <input type="checkbox"/> Same Day | |
| Street Address | Shop LG43, Baywest Mall, Nz, Walker Drive extension | Street Address | Unit 5, Heron Park, Olive Grove, industrial estate, Old pardeuler road | <input type="checkbox"/> Express | |
| Suburb | Walker Drive extension | Suburb | Somerset west | <input type="checkbox"/> With Sunrise Option | |
| City / Town | P.E | City / Town | Cape Town | <input type="checkbox"/> With Saturday Service | |
| Contact | Kene | Contact | Frahi / Jenna | <input type="checkbox"/> Public Holiday Service | |
| Phone | 041 004 0001 | Phone | 021 851 7178 | <input checked="" type="radio"/> Economy | |
| Destination Country | South Africa | Postal Code | 7100 | <input type="checkbox"/> After Hours | |
| Sender's Reference | UTII 424733 | Analysis Code | | <input type="checkbox"/> BLNS Customs Tariff | |
| SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges. | | | | <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT | |
| 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). | | | | SENDER'S AUTHORISED SIGNATURE: <i>Kuf...</i> DATE: 16/03/2018 Total Mass (Kg) | |
| e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number | | NO. OF PARCELS PER DIMENSIONS Total Parcels: 1 Box LENGTH (CM): 50 WIDTH (CM): 49 HEIGHT (CM): 36 | | | |
| Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) E1V1NO Date Received: 190318 Time Received: 0945 Signature: <i>[Signature]</i> | | Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) D D M M Y Y Date Received: 190318 Time Received: 0945 Signature: | | | |

Version Control (06/2016)