

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD27363259

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
LE CREUSET HOBART GROVE Company Name SHOP G1 Street Address CNR HOBART & GROSVENOR ROADS Suburb BRYANSTON City/Town JNB Postal Code 2021 Contact SEVARIAN Phone 011 568 4708		Le creuset Company Name Unit 5 Nelson park Street Address dine Grove industrial estate old paradeview Road Suburb SOMERSET West City/Town Cape town Postal Code 712 Contact Jemima 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)		BLNS Customs Tariff		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
Sender's Reference U41 0856847 Analysis Code		SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		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		SENDER'S AUTHORISED SIGNATURE [Signature] DATE 26/02/18		Total Mass (Kg)	
Total Parcels 1 NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) 10158 WIDTH (CM) 1006 HEIGHT (CM) 23		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) XAVIER	
Date Received: 280218 Time Received: 1600		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Joseph		Date Received: 260218 Time Received: 1608	
Signature: [Signature]		Signature: [Signature]			