

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



SUBBD26760681

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SUBH T1017376L
SUBH T1017376S
SUBH T10173766

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name LE CREUSET Street Address SHOP UM30A CLEARWATER MALL CHRISTIAN DE WET ROAD Suburb JOHANNESBURG City / Town JNB Postal Code 2001 Contact LISA Phone 011 475 1202		Company Name Le Creuset Hobart Grove Street Address Le Creuset Hobart Grove Shop 41, cnr Hobart and Grosvenor Rds Suburb Bryanston City / Town Johannesburg Postal Code 2021 Contact MANAGER Phone 011 568 4708		<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		Analysis Code		<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT	
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 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 4		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) GOMTSE Date Received: 23 03 18 Time Received: 17 52 Signature: <i>[Signature]</i>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Manley Date Received: 22 03 18 Time Received: 16 00 Signature: <i>[Signature]</i>		Total Mass (Kg)	