

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



SUBBD27889733

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	C SMIT	Company Name	LE CREUSET	<input type="checkbox"/> Same Day	
Street Address	GRENSSTRAAT 18 URENHOED	Street Address	UNIT 5 OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDE VLEI ROAD.	<input type="checkbox"/> Express	
Suburb		Suburb		<input type="checkbox"/> With Sunrise Option	
City / Town		City / Town	SOMERSET WEST	<input type="checkbox"/> With Saturday Service	
Postal Code	6160	Postal Code	7200	<input type="checkbox"/> Public Holiday Service	
Contact	Riana de Beel	Contact	MARY	<input checked="" type="checkbox"/> Economy	
Phone	083 6332255	Phone	021 851 7178	<input type="checkbox"/> After Hours	
Destination Country	South Africa <input checked="" type="checkbox"/>	Lesotho	Namibia	<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		Swaziland	Other (Please Specify)		
SPECIAL INSTRUCTIONS		Analysis Code			
Bill Charges To Account No.	027877	Bill To Sender	Consignee	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 14.6, 14.6 AND 14.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		Total Mass (Kg)	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
ERWIN		Wilbur			
Date Received:	Time Received:	Date Received:	Time Received:		
28 03 18	1050	26 03 18	1800		
Signature:		Signature:			