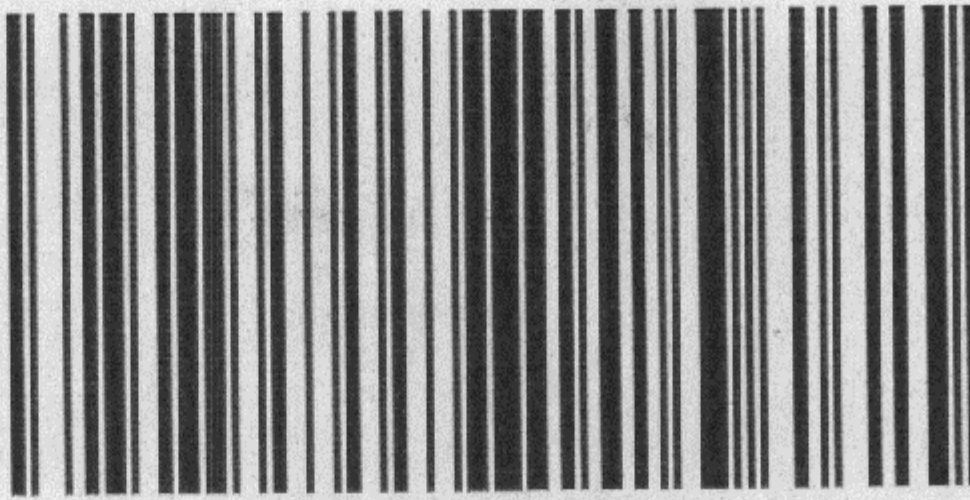


CONTRACT FOR CARRIAGE / DISPATCH NOTE



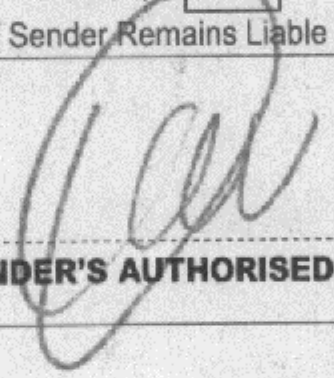
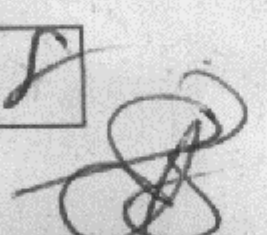
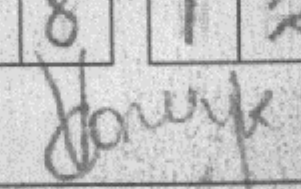
DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD28297964

2 2 2 E E E 2 2 2

ADDITIONAL
TRACKING
NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name GOOZI KITCHENS Street Address 11 Mitchell Street Hermanus, 7200 T. 028 312 4979 sales@goozi.co.za		Company Name Le Creuset Street Address Inter change Heron Park Somerset West				<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 X <input type="checkbox"/> After Hours	
Suburb _____ City / Town _____ Postal Code _____ Contact _____ Phone _____		Suburb _____ City / Town CAPE TOWN Postal Code _____ Contact _____ Phone _____				BLNS Customs Tariff _____	
Destination Country <input 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"/> 1. ONLINE <input type="checkbox"/> <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
SPECIAL INSTRUCTIONS Tariff Code 027766 Bill To <input type="checkbox"/> Sender Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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)							
SENDER'S AUTHORISED SIGNATURE  DATE 26 April 18							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____							
Total Parcels 1		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		Total Mass (Kg)					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LEVIN				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) CHIVE			
Date Received: 30 04 18		Time Received: 1010		Date Received: 26 04 18		Time Received: 1240	
Signature: 				Signature: 			

POD COPY

Version Control (01/2018)