

# 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



SUBBD25926694

SUBHT11184345  
SUBHT11184341

## Sender's Details

Company Name **LE CREUSET MALL OF AFRI**  
Street Address **SHOP 2040**  
**CNR ALLANDALE &**  
**BEN SCHOEMAN HIGHWAY**  
Suburb **WATERFALL ESTATE**  
City / Town **JNB** Postal Code **2066**  
Contact **PHINDILE KHANGALE**  
Phone **011 568 2097**

## Consignee's Details. Full Street Address Please

Company Name **LE CREUSET**  
Street Address **UNIT 5 HERON PARK**  
**OLIVE GROVE INDUSTRIAL EST**  
**OLD PARADEVLEI ROAD**  
Suburb **SOMERSET WEST**  
City / Town **CAPE TOWN** Postal Code  
Contact **FRANCI**  
Phone **021 8517178**

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS  
Customs  
Tariff

Destination Country **South Africa** Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference **UT 13366567**

## SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** 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 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

DATE

1. ONLINE

3. EFT

Total Mass (Kg)

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number

## Total Parcels

NO. OF PARCELS  
PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

172

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

**BASF**

Date Received:

**290618**

Time Received:

**1040**

Signature:

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

**Thumani**

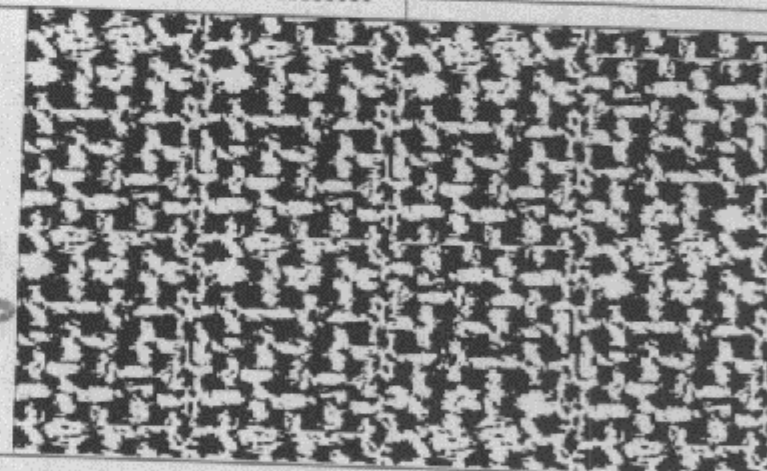
Date Received:

**270612**

Time Received:

**1536**

Signature:



POD COPY