

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 53, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25926690



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET MALL OF AFRI		Company Name LE CREUSET KILLARNEY MALL				<input type="checkbox"/> Same Day	
Street Address SHOP 2040		Street Address SHOP 100				<input type="checkbox"/> Express	
CNR ALLANDALE &		KILLARNEY MALL				<input type="checkbox"/> With Sunrise Option	
BEN SCHOEMAN HIGHWAY		60 RIVIERA ROAD				<input type="checkbox"/> With Saturday Service	
Suburb WATERFALL ESTATE		Suburb KILLARNEY				<input checked="" type="checkbox"/> Economy	
City / Town JNB Postal Code 2066		City / Town JOHANNESBURG Postal Code				<input type="checkbox"/> After Hours	
Contact PHINDILE KHANGALE		Contact FUNDI				<input type="checkbox"/> BLNS Customs Tariff	
Phone 011 568 2097		Phone 011 646 6316				<input type="checkbox"/> 1. ONLINE	
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)				<input type="checkbox"/> 3. EFT	
Sender's Reference		Analysis Code				Total Mass (Kg)	
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) <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 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)							
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)							
1							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
FUNDI				M. Khangale			
Date Received: 12/07/08				Date Received: 11/07/08			
Time Received: 1416				Time Received: 1101			
Signature: [Signature]				Signature: [Signature]			

POD COPY

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