

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



SUBBD28386294

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8 9 6 4 1 0 4 8 5 5 0 5 4									
ADDITIONAL									
TRACKING									
NUMBERS									

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name LE CREUSET LA LUCIA		Company Name LE CREUSET BALLITO		<input type="checkbox"/> Same Day	
Street Address SHOP 03, 90 WILLIAM CAMPBELL		Street Address SHOP 244		<input type="checkbox"/> Express	
City/Town LA LUCIA MALL		City/Town LEONORA DRIVE		<input type="checkbox"/> With Sunrise Option	
Suburb DURBAN NORTH		Suburb BALLITO JUNCTION		<input type="checkbox"/> With Saturday Service	
Postal Code 4000		Postal Code 4399		<input checked="" type="checkbox"/> Public Holiday Service	
Contact 0315725045		Contact		<input type="checkbox"/> Economy	
Phone		Phone		<input type="checkbox"/> After Hours	
Destination Country South Africa		Destination Country South Africa		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference 0711		Analysis Code		<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Tarril Code 027766		<input type="checkbox"/> 3. EFT	
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 owner's 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).		Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		SENDER'S AUTHORISED SIGNATURE 13:00	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		DATE 18/07/2018		Total Mass (Kg)	
Total Parcels 1		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) Box	
WIDTH (CM) Box		HEIGHT (CM) Box		+ Box damaged inside	
Goods received in full without damage (unless endorsed)		Received By DSV		Name Of Receiver (PLEASE PRINT CLEARLY)	
Name Of Receiver (PLEASE PRINT CLEARLY) S ON I T H A		Name Of Courier (PLEASE PRINT CLEARLY) Sandra		Date Received: 18/07/18	
Date Received: 18/07/18		Time Received: 0930		Time Received: 1300	
Signature: Sandra		Signature: Sandra			

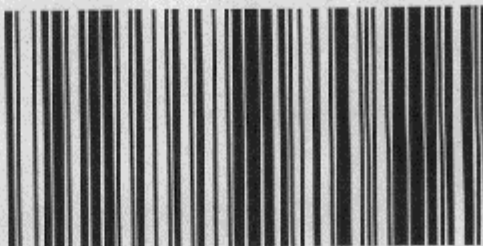
POD COPY

Version Control (01/2015)

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2 2 2 E E E 2 2 2

SABH104855054									
ADDITIONAL									
TRACKING									
NUMBERS									

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET LA LUCIA		Company Name LE CREUSET BALUTO				Same Day	
Street Address SHOP 03, 90 WILLIAM CAMPBELL		Street Address SHOP 244				Express	
LA LUCIA HALL		LEONORA DRIVE				With Sunrise Option	
DURBAN NORTH		BALUTO JUNCTION				With Saturday Service	
Suburb		Suburb DOLPHIN COAST				Public Holiday Service	
City / Town DUR Postal Code 4000		City / Town DURBAN Postal Code 4399				Economy	
Contact 0315725045		Contact				After Hours	
Phone		Phone				BLNS Customs Tariff	
Destination Country South Africa		Lesotho Namibia Swaziland Other (Please Specify)				1. ONLINE	
Sender's Reference UTI		Analysis Code				3. EFT	
SPECIAL INSTRUCTIONS							
Tariff Code 027766		Bill To <input type="checkbox"/> Sender		Consignee <input checked="" 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)							
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)	
Box		1 Box		damaged inside		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)			
S O N I T H A				Bernard			
Date Received:		Time Received:		Date Received:		Time Received:	
19/07/18		0930		18/07/18		1300	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control: 01/2018