

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

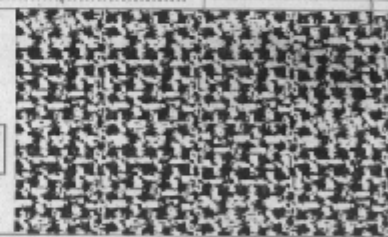


SUBBD28212361

2 2 2 E E E 2 2 2


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: <b>LE CREUSET BRYANSTON</b>		Company Name: <b>LE CREUSET CENTURION</b>		<input type="checkbox"/> Same Day	
Street Address: <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address: <b>SHOP 312E CENTURION MALL HEUWEL AVENUE PRETORIA</b>		<input type="checkbox"/> Express	
Suburb: <b>BRYANSTON</b>		Suburb: <b>PRETORIA</b>		<input type="checkbox"/> With Sunrise Option	
City/Town: <b>JNB</b>	Postal Code: <b>2021</b>	City/Town: <b>EUREKA</b>	Postal Code: <b>012 004 0217</b>	<input type="checkbox"/> With Saturday Service	
Contact: <b>SEVARIAN</b>		Contact: <b>EUREKA</b>		<input type="checkbox"/> Public Holiday Service	
Phone: <b>011 568 4708</b>		Phone: <b>012 004 0217</b>		<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)		<input type="checkbox"/> After Hours	
Sender's Reference: <b>027766</b>		Analysis Code: <b>027766</b>		BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> 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 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R250.00 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, 14.8 AND 14.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE <b>[Signature]</b> DATE <b>26/07/18</b>	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	Total Mass (Kg)	
<b>1</b>					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>Coketso</b>					
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Motome</b>					
Date Received: <b>27/07/18</b>		Time Received: <b>1131</b>		Date Received: <b>26/07/18</b> Time Received: <b>1658</b>	
Signature: <b>[Signature]</b>		Signature: <b>[Signature]</b>			



Version Control 05/2017