

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. 4860189685



SUBBD29167630

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 <u>The Publishing Partnership</u>		Company Name <u>LE CREUSET</u>				<input type="checkbox"/> Same Day	
Street Address <u>9th Floor Langum house</u> <u>81 Loop street</u>		Street Address <u>UNIT 5 HERON PARK</u> <u>OLIVE GROVE Industrial</u> <u>Somerseet West</u>				<input type="checkbox"/> Express	
Suburb		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town <u>CAPE TOWN</u> Postal Code <u>8001</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>7130</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Sameerha</u>		Contact <u>MARY - 021 851 7178</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>078 356 9521</u>		Phone				<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa <input checked="" type="checkbox"/> Botswana		Lesotho				BLNS Customs Tariff	
Namibia		Swaziland				Other	
Sender's Reference		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Tariff Code <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		3. EFT <input type="checkbox"/>	
		Other (Name Please) <input type="checkbox"/>					
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		SENDER'S AUTHORISED SIGNATURE <u>[Signature]</u>		DATE <u>08/08/18</u>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1				1042			
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>Yolanda</u>				<u>CHESRO</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>100818</u>		<u>1020</u>		<u>080818</u>		<u>1234</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

Total Mass (Kg)

POD COPY

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ADDITIONAL TRACKING NUMBERS									
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POD COPY


Sender's Details		Consignee's Details. Full Street Address Please					
Company Name <u>The Publishing Partnership</u>		Company Name <u>LE CREUSET</u>					
Street Address <u>9th Floor Tarquin house</u> <u>81 Loop street</u>		Street Address <u>UNIT 5 HERON PARK</u> <u>OLIVE GROVE Industrial</u> <u>Somerget West</u>					
Suburb		Suburb					
City / Town <u>CAPE TOWN</u> Postal Code <u>8001</u>		City / Town <u>CAPE TOWN</u>		Postal Code <u>7130</u>			
Contact <u>Sameegha</u>		Contact <u>MARY - 021 851 7178</u>					
Phone <u>078 356 9521</u>		Phone					
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference		Analysis Code					

SPECIAL INSTRUCTIONS

Tariff Code 027766 Bill To ☐ Sender Consignee ☐ Other (Name Please) ☐

If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.

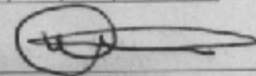

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10/8/18  08/08/18

SENDER'S AUTHORIZED SIGNATURE **DATE**

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
<u>1</u>		<u>101</u>	<u>10</u>	<u>12</u>

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)	
<u>Yolanda</u>		<u>CHESKOR</u>	
Date Received:	Time Received:	Date Received:	Time Received:
<u>100818</u>	<u>1020</u>	<u>080818</u>	<u>1234</u>
Signature: 		Signature: 	

Mark Service Required
<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 <input checked="" type="checkbox"/>
<input type="checkbox"/> After Hours
BLNS Customs Tariff
1. ONLINE <input type="checkbox"/>
3. EFT <input type="checkbox"/>
Total Mass (Kg)

