

# 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



SUBBD27599480

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Arthea Abrahams</u>		Company Name <u>Le Creuset</u>						<input type="checkbox"/> Same Day	
Street Address <u>67 Fairbairn St.</u>		Street Address <u>Unit 5 Heron Park</u>						<input type="checkbox"/> Express	
<u>Worcester</u>		<u>Olive Grove Industrial</u>						<input type="checkbox"/> With Sunrise Option	
Suburb		Suburb						<input type="checkbox"/> With Saturday Service	
City / Town		City / Town						<input type="checkbox"/> Public Holiday Service	
Postal Code <u>6850</u>		Postal Code <u>7130</u>						<input type="checkbox"/> Economy	
Contact <u>0233470923</u>		Contact <u>0218517178</u>						<input type="checkbox"/> After Hours	
Phone <u>0723991922</u>		Phone						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		<input 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)							
Sender's Reference		Analysis Code							
<b>SPECIAL INSTRUCTIONS</b> Bill Charges <input type="checkbox"/> To Account No. <input type="checkbox"/> Bill To <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 R 250.00 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)		HEIGHT (CM)	
<input type="checkbox"/>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>Mary</u> Date Received: <u>030718</u> Time Received: <u>0855</u> Signature: <u>[Signature]</u>									
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>TEKGERIO</u> Date Received: <u>030718</u> Time Received: <u>1455</u> Signature: <u>[Signature]</u>									

Total Mass (Kg)