

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

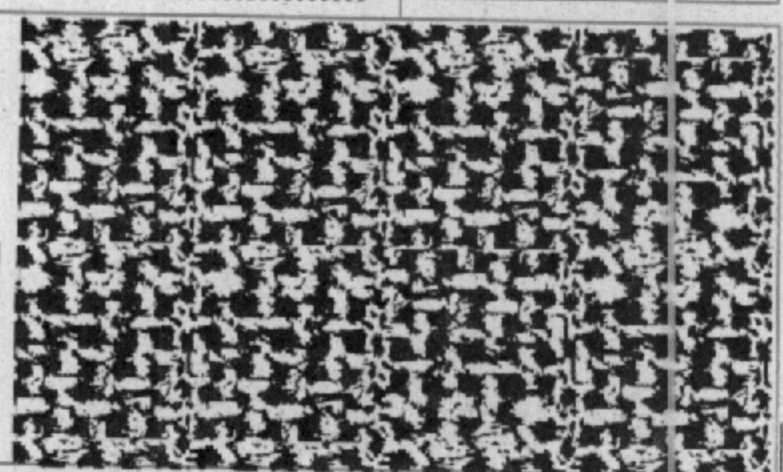


SUBBD29452244

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name DSV CENTURION		Company Name LE CREUSET						<input type="checkbox"/> Same Day	
Street Address 1 MANN ROAD		Street Address UNIT 5, HERON PA						<input type="checkbox"/> Express	
LOUWLARDIA		OLIVE GROVE IND EST						<input type="checkbox"/> With Sunrise Option	
Suburb CENTURION		Suburb SOMERSET WEST						<input type="checkbox"/> With Saturday Service	
City / Town PTA Postal Code 0157		City / Town CPT Postal Code 7130						<input checked="" type="checkbox"/> Economy	
Contact QUERIES		Contact MARY						<input type="checkbox"/> After Hours	
Phone 012 673 2000		Phone 021 851 7178						<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
Other (Please Specify)		Analysis Code		Analysis Code		Analysis Code		Analysis Code	
Sender's Reference SUBBD26059207		Analysis Code						Analysis Code	
SPECIAL INSTRUCTIONS RETURN TO SENDER									
Tarrif Code 027877		Bill To Sender <input checked="" type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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			
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)				
JASMIN					COCCON				
Date Received:					Date Received:				
140918					120918				
Time Received:					Time Received:				
1021					1800				
Signature: Joubert					Signature:				



Version Control (01/2018)