

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



SUBBD27156668

2 2 2 E E E 2 2 2

Sender's Details

Company Name **LE CREUSET HOBART GROVE SHOP G1**

Street Address **CNR HOBART GROSVENOR ROADS**

Suburb **BRYANSTON**

City / Town **JNB SEVARTIAN** Postal Code **2021**

Contact **011 568 4708**

Phone **011 568 4708**

Consignee's Details. Full Street Address Please

Company Name **LA CREUSET South Africa**

Street Address **Unit 5 Heaton Park**

Old Grove Industrial Estate

Old Pacesville Road

Suburb **Somerset West**

City / Town **Cape Town** Postal Code **7129**

Contact **Jenna Tranci**

Phone **021 391 7178**

Mark Service Required

☐ Same Day

☐ Express

☐ With Sunrise Option

☐ With Saturday Service

☐ Public Holiday Service

☐ Economy

☐ After Hours

☐ BLNS Customs Tariff

Destination Country ☒ South Africa ☐ Botswana ☐ Lesotho ☐ Namibia ☐ Swaziland ☐ Other (Please Specify)

Analysis Code

Sender's Reference **UT18608073**

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To ☒ Sender ☐ Consignee ☐ Other (Name Please)

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 ☐ e-mail Address / Fax Number

Total Parcels

NO. OF PARCELS PER DIMENSIONS

LENGTH (CM)

WIDTH (CM)

HEIGHT (CM)

1 **Box**

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY) **ETWINO**

Date Received: **06/11/17** Time Received: **0920**

Signature:

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY) **01/1/17**

Date Received: **03/11/17** Time Received: **1500**

Signature:

☐ 1. ONLINE

☐ 3. EFT

Total Mass (K)

POD COPY

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