

# CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD25003756


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TRACKING

NUMBERS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET CRESTA</b>		Company Name <b>LE CREUSET HEAD OFFICE</b>				<input type="checkbox"/> Same Day	
Street Address <b>BEYERS NAUDE DRIVE</b>		Street Address <b>UNIT 5 HERON PARK</b>				<input checked="" type="checkbox"/> Express	
Shop <b>WHI CRESTA SHOPPING</b>		Street Address <b>OLIVE GROVE INDUSTRIAL EST.</b>				<input type="checkbox"/> With Sunrise Option	
Centre <b>CRESTA</b>		Street Address <b>OLD PAARDEVELI ROAD</b>				<input type="checkbox"/> With Saturday Service	
Suburb <b>JOHANNESBURG</b>		Suburb <b>SOMERSET WEST</b>				<input type="checkbox"/> Public Holiday Service	
City / Town <b>JHB</b> Postal Code		City / Town <b>CAPE TOWN</b> Postal Code				<input type="checkbox"/> Economy	
Contact		Contact <b>JENNA</b>				<input type="checkbox"/> After Hours	
Phone <b>011 476 6010</b>		Phone <b>021 851 7178</b>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		Other (Please Specify)				<input type="checkbox"/> 1. ONLINE	
South Africa						<input type="checkbox"/> 3. EFT	
Botswana						<input type="checkbox"/> Total Mass (Kg)	
Lesotho							
Namibia							
Swaziland							
Analysis Code							
Sender's Reference <b>UT10313432</b>							
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input type="checkbox"/> Sender 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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 OVERLEAF).							
SENDER'S AUTHORISED SIGNATURE  DATE <b>01/02/18</b>							
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)	
<b>3</b>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>A de Beer</b>							
Date Received: <b>030218</b> Time Received: <b>1017</b>							
Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>EPHRAIM</b>							
Date Received: <b>010218</b> Time Received: <b>1735</b>							
Signature: 