

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



SUBBD26820425

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	Le Creuset	Company Name	Kiewiet Schepers
Street Address		Street Address	76 Roker St
Suburb		Suburb	Baillie park
City / Town	Cape Town	City / Town	Potchefstroom
Postal Code		Postal Code	
Contact		Contact	
Phone		Phone	
Destination Country	South Africa	Lesotho	Namibia
	Botswana	Swaziland	Other (Please Specify)

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 type="checkbox"/> Economy
<input type="checkbox"/> After Hours
<input type="checkbox"/> BLNS Customs Tariff

Sender's Reference	LEE L T 002 35635	Analysis Code	
--------------------	-------------------	---------------	--

SPECIAL INSTRUCTIONS			
Bill Charges To Account No.	<input type="checkbox"/>	Bill To Sender	<input type="checkbox"/>
	<input type="checkbox"/>	Consignee	<input type="checkbox"/>
	<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).

SENDER'S AUTHORISED SIGNATURE	DATE
-------------------------------	------

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)

SEAN

Date Received:

400118

Time Received:

1320

Signature:

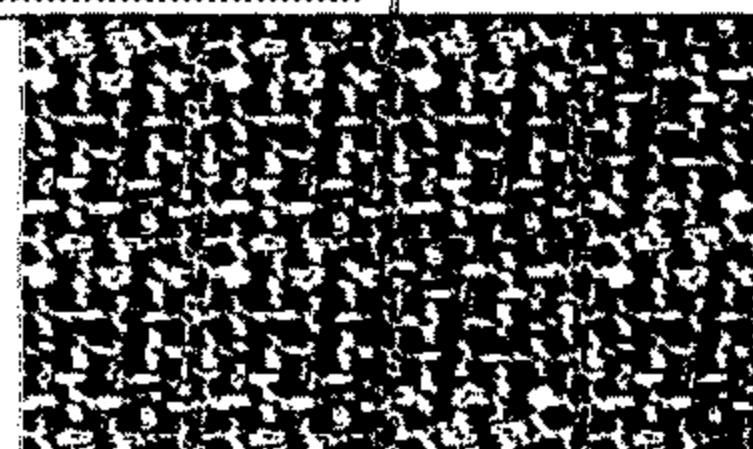
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

Date Received:

Time Received:

Signature:



1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

Total Mass (Kg)

POD COPY

Version Control (08/2017)