

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. 4880185685



SUBBD27648278

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SUBBT1161085

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET HOBART GROVE</b>		Company Name <b>Le Creuset Killarney Mall</b>		<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROAD</b>		Street Address <b>Shop 100 Riviera Road Killarney Mall</b>		<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b></b>		<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b> Postal Code <b>2021</b>		City / Town <b>JHB</b> Postal Code <b></b>		<input type="checkbox"/> With Saturday Service	
Contact <b>SEVARIAN</b>		Contact <b>Fundi</b>		<input checked="" type="checkbox"/> Public Holiday Service	
Phone <b>011 568 4708</b>		Phone <b>011 646 6316</b>		<input type="checkbox"/> Economy	
Destination Country <input checked="" 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)				<input type="checkbox"/> After Hours	
Sender's Reference <b>UT-I 0218805</b>		Analysis Code		<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <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.				1. ONLINE <input type="checkbox"/>  3. EFT <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 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 <b>Carder</b> DATE <b>29/01/18</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number				Total Mass (Kg)	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	
<b>2</b>					
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
<b>ZAMG</b>		<b>Colin</b>			
Date Received: <b>300118</b> Time Received: <b>1522</b>		Date Received: <b>290118</b> Time Received: <b>1504</b>			
Signature: <b>Zuboganz</b>		Signature: <b>AD</b>			