

CONTRACT FOR CARRIAGE / DISPATCH NOTE

DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4880189685



SUBBD27574519

SUBHT

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SUBHT06243325						

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: <u>Le creuset Killarney</u>		Company Name: <u>Le creuset Hobart Grove</u>				<input type="checkbox"/> Same Day	
Street Address: <u>Shop 100</u>		Street Address: <u>Shop G1</u>				<input type="checkbox"/> Express	
<u>Killarney Mall</u>		<u>Cnr Hobart Grosvenor Rd</u>				<input type="checkbox"/> With Sunrise Option	
<u>Riviera Road</u>						<input type="checkbox"/> With Saturday Service	
Suburb: <u>Killarney</u>		Suburb: <u>Bryanston</u>				<input type="checkbox"/> Public Holiday Service	
City / Town: <u>JHB</u> Postal Code: <u>2196</u>		City / Town: <u>JHB</u> Postal Code: <u>2021</u>				<input checked="" type="checkbox"/> Economy	
Contact: <u>Natasha</u>		Contact: <u>Sevastian</u>				<input type="checkbox"/> After Hours	
Phone: <u>011 646 6316</u>		Phone: <u>011 568 4708</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: <u>South Africa</u>		<u>Botswana</u>		<u>Lesotho</u>		<u>Namibia</u>	
<u>Swaziland</u>		<u>Other</u> (Please Specify)					
Sender's Reference: <u>UT10889470</u>		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		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 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 <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: <u>[Signature]</u>		DATE: <u>27/02/2016</u>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
5		5 BOX				HEIGHT (CM)	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): <u>SE VARIAN</u>				Name Of Courier (PLEASE PRINT CLEARLY): <u>501</u>			
Date Received: <u>28/02/16</u>		Time Received: <u>11:22</u>		Date Received: <u>27/02/16</u>		Time Received: <u>17:18</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			
						Total Mass (Kg)	