

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



SUBBD28651249

2 2 2 E E E 2 2 2

ADDITIONAL TRACKING NUMBERS									

Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name	DSV R2B	Company Name	LE CREUSET	<input type="checkbox"/> Same Day	
Street Address	3 PROMED ROAD	Street Address	UNIT 5 OLIVE GROVE INDUSTRIAL	<input type="checkbox"/> Express	
Suburb	WILLOWTON	Suburb	SOMERSET WEST	<input type="checkbox"/> With Sunrise Option	
City / Town		City / Town	Cape Town	<input type="checkbox"/> With Saturday Service	
Postal Code	3201	Postal Code	7800	<input type="checkbox"/> Public Holiday Service	
Contact	CHRIS	Contact		<input checked="" type="checkbox"/> Economy	
Phone	0338468960	Phone	021 8517178	<input type="checkbox"/> After Hours	
Destination Country		Other (Please Specify)		BLNS Customs Tariff	
South Africa					
Botswana					
Lesotho					
Namibia					
Swaziland					
Analysis Code					
Sender's Reference		LEE C T 00265698		1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS		AS PER Nontombi R75		3. EFT <input type="checkbox"/>	
Tariff Code	027877	Bill To	Sender	Total Mass (Kg)	
		Consignee	<input checked="" type="checkbox"/>	7	
		Other (Name Please)			
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 1000.00 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	1	27	35	35	
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
MARY		CHRIS			
Date Received:		Date Received:			
180418		160418			
Time Received:		Time Received:			
0915		1320			
Signature:		Signature:			

POD COPY

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