

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. 2000/015342/07
VAT No. 4880189685



SUBBD27648294

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Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name LE CREUSSET HOBART GROVE		Company Name Le Creuset Mall of the South		<input type="checkbox"/> Same Day	
Street Address SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address Shop G 062 Mall of the South C/o Kiprivier drive and Sherkoppies		<input type="checkbox"/> Express	
Suburb FRYANSTON		Suburb Bpon Hills		<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2021		City / Town JHB Postal Code 2023		<input type="checkbox"/> With Saturday Service	
Contact SEVARIAN		Contact Charlene		<input type="checkbox"/> Public Holiday Service	
Phone 011 568 4708		Phone 010 500 0223		<input checked="" 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		Analysis Code		<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 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. 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 C/WINERS 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		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
Total Parcels <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto; text-align: center; line-height: 50px;">1</div>		NO. OF PARCELS PER DIMENSIONS LENGTH (CM) 140 WIDTH (CM) 103 HEIGHT (CM) 103		Total Mass (Kg) <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div>	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Charlean		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Nelson			
Date Received: 29/05/18 Time Received: 14:03		Date Received: 28/05/18 Time Received: 12:03			
Signature:		Signature:			

POD COPY