

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. 4880169685



SUBBD27592431

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Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name: LE CREUSET		Company Name: LE CREUSET HOBART GROVE		<input type="checkbox"/> Same Day	
Street Address: SHOP G158, GATEWAY TRADING		Street Address: SHOP G1, CNR HOBART & GROSVENOR		<input type="checkbox"/> Express	
RE OF SHOPPING, 1 PALM BOULEVARD		OR RDS		<input type="checkbox"/> With Sunrise Option	
NEW TOWN CENTER, UMLHANGA		BRYANSTON		<input type="checkbox"/> With Saturday Service	
Suburb: UMLHANGA		Suburb: BRYANSTON		<input type="checkbox"/> Public Holiday Service	
City/Town: DURBAN Postal Code: 4321		City/Town: HOBART Postal Code: 2021		<input checked="" type="checkbox"/> Economy	
Contact: SASHA		Contact: 011 968 4708		<input type="checkbox"/> After Hours	
Phone: 031 100 1789		Phone: 011 968 4708		<input type="checkbox"/> BLNS Customs Tariff	
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)					
Sender's Reference: 26340581		Analysis Code			
SPECIAL INSTRUCTIONS					
Bill Charges To Account No: 027766		Bill To <input 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 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: HANNOEKA DATE: 28/05/18	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)	
7 BOXES					
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): HANNOEKA		Name Of Courier (PLEASE PRINT CLEARLY): JOSHUA			
Date Received: 29/05/18		Date Received: 28/05/18			
Time Received: 10:46		Time Received: 12:07			
Signature: [Signature]		Signature: [Signature]			