


DSV



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[illegible]

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Goozi kitchenshop</u>		Company Name <u>le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>11 Mitchel street</u>		Street Address <u>unit 5 Heron Park</u>				<input type="checkbox"/> Express	
<u>Hermanus</u>		<u>Olive Grove</u>				<input type="checkbox"/> With Sunrise Option	
<u>Hermanus</u>		<u>Somerset West</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Hermanus</u>		Suburb				<input type="checkbox"/> Public Holiday Service	
City / Town <u>Hermanus</u> Postal Code <u>7200</u>		City / Town Postal Code				<input checked="" type="checkbox"/> Economy	
Contact <u>Megan</u>		Contact <u>HELENA</u>				<input type="checkbox"/> After Hours	
Phone <u>028 312 4979</u>		Phone <u>021 851 7178</u>				<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		Analysis Code					
SPECIAL INSTRUCTIONS							
Tariff Code <u>027877</u>		<input type="checkbox"/> Bill To Sender		<input type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please)	
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 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 <input type="checkbox"/>				e-mail Address / Fax Number			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)							
<u>1</u>							
Goods received in full without damage (unless endorsed)							
Name Of Receiver (PLEASE PRINT CLEARLY)							
Date Received: Time Received:							
Signature:							
Received By DSV							
Name Of Courier (PLEASE PRINT CLEARLY)							
Date Received: Time Received:							
Signature:							
Depot Hand In							
Liability: Value For Loss or Damage							
Liability: (Costs Incidental To Loss, Damage Or Delay)							