

ATTENTION LAUREN!!!

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD24860737

ADDITIONAL				
TRACKING				
NUMBERS				

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET</u>		Company Name <u>LE CREUSET WAREHOUSE</u>				<input type="checkbox"/> Same Day	
Street Address <u>MALL OF AFRICA SHOP 2040</u>		Street Address <u>UNIT 05 HERON PARK OLIVE GROVE INDUSTRIAL</u>				<input type="checkbox"/> Express	
Suburb <u>HIGHWAY - MIDRAND</u>		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town <u>JNB</u> Postal Code <u>2066</u>		City / Town <u>SOMERSET WEST</u> Postal Code <u>7</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>CASSANDA</u>		Contact <u>LAUREN</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 568 2097</u>		Phone <u>024 851 7178</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		<input type="checkbox"/> After Hours	
		Lesotho		Namibia		<input type="checkbox"/> BLNS Customs Tariff	
		Swaziland		Other (Please Specify)			
Sender's Reference <u>Comp.</u>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027765</u>		Bill To <input checked="" 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 12.4 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 12.5 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 12.5, 12.6 AND 12.7 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)	
<u>1</u>		<u>Parcel</u>					
						HEIGHT (CM)	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
<u>LAUREN</u>				<u>Ma Thoro</u>			
Date Received:		Time Received:		Date Received:		Time Received:	
<u>050118</u>		<u>0845</u>		<u>030118</u>		<u>0945</u>	
Signature:				Signature:			

POD COPY

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