

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



SUBBD25003835

ADDITIONAL					
TRACKING					
NUMBERS					

<b>Sender's Details</b> Company Name: <u>LE CREUSET CRESTA</u> Street Address: <u>SHOP U 41</u> <u>CRESTA SHOPPING MALL</u> <u>BEJERS NAUDE DRIVE</u> Suburb: <u>RANDBURG</u> City/Town: <u>JHB</u> Postal Code: _____ Contact: <u>SISA</u> Phone: <u>011 476 6010</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <u>LE CREUSET S.A</u> Street Address: <u>UNIT 1 HERON PARK</u> <u>OLIVE GROVE INDUSTRIAL ESTATE</u> <u>OLD PAARDEVELD ROAD</u> Suburb: <u>SOMERSET WEST</u> City/Town: <u>CAPE TOWN</u> Postal Code: <u>8001</u> Contact: <u>FRANSI</u> Phone: <u>021 852 7178</u>		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff
Destination Country: <u>South Africa</u>		Analysis Code: _____		
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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). SENDER'S AUTHORIZED SIGNATURE: <u>[Signature]</u> DATE: <u>20-03-18</u>				
Total Parcels: <u>1</u>		NO. OF PARCELS PER DIMENSIONS: _____ LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <u>ECUINO</u> Date Received: <u>220318</u> Time Received: <u>1015</u> Signature: <u>[Signature]</u>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <u>EPHRAIM</u> Date Received: <u>200318</u> Time Received: <u>1707</u> Signature: _____		

POD COPY

1. ONLINE   
 3. EFT

Total Mass (Kg)

