

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25131606

Sender's Details Company Name: LE CREUSET HEAD OFFICE Street Address: UNIT 5, HERON PA OLIVE GROVE IND. ESTATE OLD PAARDEVLEI RD Suburb: SOMERSET WEST City / Town: CPT Postal Code: 7130 Contact: JASHIN FRASER Phone: 021 851 7178		Consignee's Details. Full Street Address Please Company Name: Le Creuset Hobart Carlove Street Address: Shop G-1 car. Hobart 9 Greenworks, Bryanston Suburb: Johannesburg/Bryanston City / Town: Johannesburg Postal Code: 2001 Contact: _____ Phone: _____		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
Destination Country: South Africa (Other: _____) Analysis Code: _____		Sender's Reference: 10520%		
SPECIAL INSTRUCTIONS Bill Charges To Account No.: 027766 Bill To: <input checked="" 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 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: _____		SENDER'S AUTHORIZED SIGNATURE: _____ DATE: 11/2/18		
Total Parcels NO. OF PARCELS PER DIMENSIONS: 1 LENGTH (CM): _____ WIDTH (CM): _____ HEIGHT (CM): _____		Total Mass (Kg): _____		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): Felicity Date Received: 120618 Time Received: 1258 Signature: Jarden		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): 10800 Date Received: 110618 Time Received: 1650 Signature: _____		

POD COPY

Version Control: (06/2016)

