

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



SUBBD25396686

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 La Lucia</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop 318</u> <u>cnr Vaal and Waterkloof</u> <u>Brooklyn Mall</u> <u>Brooklyn</u>		Street Address <u>90 William Campbell Drive</u> <u>La Lucia</u>				<input type="checkbox"/> Express	
Suburb <u>Brooklyn</u>		Suburb <u>Durban</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>Pretoria</u> Postal Code		City / Town <u>KZN</u> Postal Code <u>4051</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Leanne</u>		Contact <u>Manager</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>012 346 2840</u>		Phone <u>031 572 5045</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		Destination Country				<input type="checkbox"/> After Hours	
South Africa		Botswana				BLNS Customs Tariff	
Lesotho		Namibia					
Swaziland		Other (Please Specify)					
Sender's Reference		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input 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>Box</u>					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>Atisha</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>SWJBS</u>			
Date Received: <u>11/04/18</u>		Time Received: <u>1441</u>		Date Received: <u>11/04/18</u>		Time Received: <u>1535</u>	
Signature: <u>(A)</u>				Signature: <u>(Signature)</u>			
Total Mass (Kg)							

POD COPY

10-04-18

