

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 83, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25463676

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET BOUTIQUE STO		Company Name Le Creuset Gateway						Same Day <input type="checkbox"/>	
Street Address SHOP 176 CANAL WALK SHOP.CNTR LOWER GROUND LEVEL		Street Address Shop G158 Gateway Theatre of Shopping 1 Palm Boulevard, New Town Center						Express <input type="checkbox"/>	
Suburb CENTURY CITY		Suburb Umhlanga Ridge						With Sunrise Option <input type="checkbox"/>	
City / Town CPT Postal Code 7401		City / Town Durban Postal Code 4321						With Saturday Service <input type="checkbox"/>	
Contact LIZE HARTL		Contact SASHA						Public Holiday Service <input type="checkbox"/>	
Phone 021 551 0225		Phone 031 100 1239						Economy <input checked="" type="checkbox"/>	
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)						After Hours <input type="checkbox"/>	
Sender's Reference 471 05 47873		Analysis Code						BLNS Customs Tariff <input type="checkbox"/>	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>							
If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.									
# 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).						SASHA		12/21/18	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						SENDER'S AUTHORISED SIGNATURE		DATE	
e-mail Address / Fax Number		Total Mass (Kg)							
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1									

POD COPY

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)
RENEE

Date Received: **140218** Time Received: **1329**

Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)
WINTER

Date Received: **120218** Time Received: **1512**

Signature: *[Signature]*

