CONTRACT FOR CARRIAGE / DISPATCH NOTE

DSV

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

SUBBD25463702

6

Sender's Details	Consignee's Details. Full Street Address Please
Company Name: LE CREUSET BOUTIQUE STO	Company Name: Le Creuset Constantia
Street Address: SHOP 20B GARDENS CENTRE BUITENKANT STREET	Street Address: The Constantia Village Shop 15, Constantia Main Road and Spaanschemacht Road Constantia
Suburb: GARDENS	Suburb:
City / Town: CPT LAURENCIA FITCHE Postal Code: 8001	City / Town: Cape Town Postal Code: 7800
Contact:	Contact: Nicole
Phone: 021 462 7277	Phone: 021 794 3615

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
	X					

Sender's Reference: UTI 1 2 1 1 4 2 1 Analysis Code:

SPECIAL INSTRUCTIONS

Bill Charges To Account No.: 027766 Bill To Sender: X Consignee: 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).

SENDER'S AUTHORISED SIGNATURE: [signature] DATE: 13.03.2018

e-mail / Fax / Proof of Delivery: e-mail Address / Fax Number:

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy ✓
After Hours
BLNS Customs Tariff

1. ONLINE
3. EFT

Total Mass (Kg)

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)
1	Good!			

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY): NICOLE
Date Received: 140318
Time Received: 1040
Signature: [signature]

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY): JULIA
Date Received: 130318
Time Received: 1428
Signature: [signature]

POD COPY

Form Control (08/2016)