

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 673-2000
Reg No. 2004/015747/07
VAT Reg. No. 4260213673



SUBBD25463703

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name LE CREUSET BOUTIQUE STO				Company Name Le Creuset Canal Walk				<input type="checkbox"/> Same Day			
Street Address SHOP 20B GARDENS CENTRE				Street Address Shop 17b, Canal Walk Shopping Centre, Lower ground level Century City				<input type="checkbox"/> Express			
Suburb GARDENS				Suburb Century City				<input type="checkbox"/> With Sunrise Option			
City / Town CPT		Postal Code 8001		City / Town Cape Town		Postal Code 7441		<input type="checkbox"/> With Saturday Service			
Contact LAURENCIA FITCHE				Contact Abigail				<input type="checkbox"/> Public Holiday Service			
Phone 021 462 7277				Phone 021 551 0225				<input checked="" type="checkbox"/> Economy			
Destination Country		South Africa		Lesotho		Namibia		<input type="checkbox"/> After Hours			
		Botswana		Swaziland		Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff			
Sender's Reference 4TII1211421				Analysis Code							
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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 AUTHORISED SIGNATURE				DATE		Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number				13 03 2018			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)			
1											
Goods received in full without damage (unless endorsed)				Received By DSV				QR CODE			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)							
VAN GELAAN				SACHIA							
Date Received: 10 03 18		Time Received: 12 50		Date Received: 13 03 18		Time Received: 11 28					
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>							

POD COPY

Version Control (06/2016)