

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. 4280213873



SUBBD25463714



Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET BOUTIQUE STO</b>		Company Name <b>Le Creuset Tygervalley</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP 20B GARDENS CENTRE</b>		Street Address <b>Shop 513, Upper level</b>				<input type="checkbox"/> Express	
Suburb <b>BUITENKANT STREET</b>		Suburb <b>Bill Bezuidenhout Road</b>				<input type="checkbox"/> With Sunrise Option	
Suburb <b>GARDENS</b>		Suburb <b>Tygervalley</b>				<input type="checkbox"/> With Saturday Service	
City/Town <b>CPT LAURENCIA FITCHE</b> Postal Code <b>8001</b>		City/Town <b>Cape Town</b> Postal Code <b>7530</b>				<input checked="" type="checkbox"/> Public Holiday Service	
Contact <b>021 462 7277</b>		Contact <b>Liza Marie</b>				<input type="checkbox"/> Economy	
Phone <b>021 462 7277</b>		Phone <b>021 914 7053</b>				<input type="checkbox"/> After Hours	
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference <b>UL10288237</b>		Analysis Code				<input type="checkbox"/> 1. ONLINE	
<b>SPECIAL INSTRUCTIONS</b>		Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<input type="checkbox"/> 3. EFT	
To Account No. <b>027766</b>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.				Total Mass (Kg)	
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)	HEIGHT (CM)		
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>STEPHANIE</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>SUKIA</b>			
Date Received: <b>020218</b>		Time Received: <b>1308</b>		Date Received: <b>020218</b>		Time Received: <b>1726</b>	
Signature:				Signature:			

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