

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reads 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25463722

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET BOUTIQUE STORE		Company Name Le Creuset Boutique store				<input type="checkbox"/> Same Day	
Street Address SHOP 20B GARDENS CENTRE BUITENKANT STREET GARDENS		Street Address Shop 6086 Table Bay mall Cnr B27 and Berkshire Blvd Blouberg, Cape Town Table Bay				<input type="checkbox"/> Express	
Suburb GARDENS		Suburb Table Bay				<input type="checkbox"/> With Sunrise Option	
City/Town CPT Postal Code 8001		City/Town CPT Postal Code 7436				<input type="checkbox"/> With Saturday Service	
Contact LAURENCIA FITCHE		Contact Athalia				<input type="checkbox"/> Public Holiday Service	
Phone 021 462 7277		Phone 021 300 3148				<input checked="" type="checkbox"/> Economy	
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"/> After Hours	
Sender's Reference UT19886184		Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS						1. ONLINE <input type="checkbox"/>	
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"/>				3. EFT <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 12.6, 12.8 AND 12.7 OVERLEAF).						Total Mass (Kg)	
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)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
CANDICE				JODI			
Date Received:		Time Received:		Date Received:		Time Received:	
16/01/18		1118		15/01/18		1600	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control (06/2016)

