

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25505512

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name <u>Le Creuset</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day			
Street Address <u>Shop 12 January Masilela & Amaranth Drive Mchlyn Maine Waterkloof ext 2</u>		Street Address <u>Unit 5 Heron Park Old Paardevel Rd, Olive Grove Industrial Estate Somerset West</u>				<input checked="" type="checkbox"/> Express			
Suburb <u>Waterkloof ext 2</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option			
City / Town <u>Pretoria</u> Postal Code <u>0108</u>		City / Town <u>Cape Town</u> Postal Code <u>8001</u>		<input type="checkbox"/> With Saturday Service					
Contact <u>Tom</u>		Contact <u>Vicky</u>				<input type="checkbox"/> Public Holiday Service			
Phone <u>012 504 0082</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> Economy			
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours			
South Africa		Lesotho Namibia Swaziland Other				<input type="checkbox"/> BLNS Customs Tariff			
Botswana									
Sender's Reference <u>Ut19929133</u>		Analysis Code				<input type="checkbox"/> 1. ONLINE			
SPECIAL INSTRUCTIONS						<input type="checkbox"/> 3. EFT			
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				Total Mass (Kg)			
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).									
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)	
<u>1</u>									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<u>A de Beer</u>					<u>Chuma</u>				
Date Received:					Date Received:				
<u>180118</u>					<u>170118/035</u>				
Time Received:					Time Received:				
<u>0946</u>					<u>0935</u>				
Signature:					Signature:				

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Version 06/2016

