

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. 4260213673



SUBBD25505515

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name <u>Le creuset North</u>		Company Name <u>Le creuset Rosebank</u>					<input type="checkbox"/> Some Dry
Street Address <u>Shop 12 January</u> <u>Mosikela and Armand</u> <u>Drive</u>		Street Address <u>Shop 202A Rosebank mall</u> <u>50 Borch Avenue</u>					<input type="checkbox"/> Express
Suburb <u>Waterkloof ex 12</u>		Suburb <u>Rosebank</u>					<input type="checkbox"/> With Sunrise Option
City / Town <u>Atlanta</u> Postal Code <u>0121</u>		City / Town <u>Johannesburg</u> Postal Code <u>2196</u>					<input type="checkbox"/> With Saturday Service
Contact <u>Tom</u>		Contact <u>Ellen</u>					<input type="checkbox"/> Public Holiday Service
Phone <u>012 004 0022</u>		Phone <u>011 567 4745</u>					<input checked="" type="checkbox"/> Economy
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference <u>UTIO234568</u>		Analysis Code					<input type="checkbox"/> After Hours
SPECIAL INSTRUCTIONS							
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"/>					<input type="checkbox"/> 1. ONLINE
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		<input type="checkbox"/> 3. EFT
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
<u>01</u>							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>THANDIWE</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>CHUMBA</u>			
Date Received: <u>31 01 18</u>		Time Received: <u>12:05</u>		Date Received: <u>30 01 18</u>			
Signature:		Signature:		Signature:			

POD COPY

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