

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. 4280213873



SUBBD25505522

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 Maritela & Amgard Drive Menlyn Maine</u>		Street Address <u>Unit 5 Heron Park Old Paardevlei Rd, Industrial Estate, Olive Grove</u>						<input 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>0181</u>		City/Town <u>Cape Town</u> Postal Code <u>8001</u>						<input type="checkbox"/> With Saturday Service	
Contact <u>Joni</u>		Contact <u>Lauren</u>						<input checked="" type="checkbox"/> Public Holiday Service	
Phone <u>012 004 0082</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <u>UT19626021</u>		Analysis Code						BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
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 12.6 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)	
<input type="checkbox"/>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ECVINO</u>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>CHUMA</u>				
Date Received: <u>29/12/17</u>					Date Received: <u>27/12/17</u>				
Time Received: <u>0830</u>					Time Received: <u>1450</u>				
Signature:					Signature:				

POD COPY

Version Control (03/2016)

Total Mass (Kg)

