

**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



**SUBBD25699970**


*Att Franci - Damages & Replacements*

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <i>Le creuset Baywest</i>		Company Name <i>Le creuset Warehouse</i>				<input type="checkbox"/> Same Day	
Street Address <i>Sho 16.43 lower level, Nz walker Drive extension Baywest Mall</i>		Street Address <i>Unit 5, Heron Park Olive grove, industrial estate old paardevlei road</i>				<input type="checkbox"/> Express	
Suburb <i>Walker Drive extension</i>		Suburb <i>Somerset west</i>				<input type="checkbox"/> With Sunrise Option	
City / Town <i>P.E</i> Postal Code <i>6001</i>		City / Town <i>Capetown</i> Postal Code <i>7100</i>				<input type="checkbox"/> With Saturday Service	
Contact <i>Franci</i>		Contact <i>Franci</i>				<input type="checkbox"/> Public Holiday Service	
Phone <i>021 021 0011</i>		Phone <i>021 851 7178</i>				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa		Lesotho Namibia Swaziland Other				BLNS Customs Tariff	
Botswana							
Lesotho							
Namibia							
Swaziland							
Other							
Sender's Reference <i>UT12744263</i>		Analysis Code				1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <i>027766</i>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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 12.5 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			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
1		1		46		47	
						52	
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <i>BASIL</i>				Name Of Courier (PLEASE PRINT CLEARLY) <i>XOLANI</i>			
Date Received: <i>05 06 18</i>		Time Received: <i>09 45</i>		Date Received: <i>04 06 18</i>		Time Received: <i>16 03</i>	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			
						Total Mass (Kg)	

POD COPY

Version Control (06/2016)

