

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



SUBBD25699980

BANKING FILE	
ADDITIONAL	
TRACKING	
NUMBERS	
/	

POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le Creuset Baywest</u>		Company Name <u>LE CREUSET ACCOUNTS</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop LG 43</u>		Street Address <u>Unit 5 Heron Park, Olive Grove, Industrial Estate Old Pretoria, Road</u>				<input checked="" type="checkbox"/> Express
Suburb <u>Baywest Shopping Mall</u>		Suburb <u>SOMERSET WEST</u>				<input type="checkbox"/> With Sunrise Option
City / Town <u>P.F</u> Postal Code <u>6001</u>		City / Town <u>Cape Town</u> Postal Code <u>7130</u>				<input type="checkbox"/> With Saturday Service
Contact <u>Rene Renfeldt</u>		Contact <u>Claire Brown</u>				<input type="checkbox"/> Public Holiday Service
Phone <u>041 004 0011</u>		Phone <u>021 551 7175</u>				<input type="checkbox"/> Economy
Destination Country		Destination Country				<input type="checkbox"/> After Hours
South Africa		Botswana				<input type="checkbox"/> BLNS Customs Tariff
Lesotho		Namibia				<input type="checkbox"/> 1. ONLINE
Swaziland		Other (Please Specify)				<input type="checkbox"/> 3. EFT
Sender's Reference <u>UT13170830</u>		Analysis Code				Total Mass (Kg)
SPECIAL INSTRUCTIONS						<input type="checkbox"/>
Bill Charges To Account No. <u>27766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				<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 12.5, 12.6 AND 12.7 OVERLEAF).						
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				<input type="checkbox"/>
Total Parcels		NO. OF PARCELS PER DIMENSIONS				<input type="checkbox"/>
1		1				<input type="checkbox"/>
		35				<input type="checkbox"/>
		33				<input type="checkbox"/>
		7				<input type="checkbox"/>
Goods received in full without damage (unless endorsed)		Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)				
<u>Madame</u>		<u>XOLANI</u>				
Date Received: <u>200618</u> Time Received: <u>0909</u>		Date Received: <u>190618</u> Time Received: <u>1559</u>				
Signature:		Signature:				

Version Control (06/2016)