

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



SUBBD25699994

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le Creuset Baywest</u>		Company Name <u>Somerset Le creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>Shop LG 43, Tower level, Baywest Mall, Walker Drive extension</u>		Street Address <u>Shop 45, Somerset Mall, Somerset West, Cape Town</u>				<input type="checkbox"/> Express	
Suburb <u>Walker Drive extension</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <u>P.E</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</u>		Contact <u>Elize</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>021 004 0011</u>		Phone <u>021 851 0661</u>				<input checked="" type="checkbox"/> Economy	
Destination Country		Other (Please Specify)				<input type="checkbox"/> After Hours	
South Africa						<input type="checkbox"/> BLNS Customs Tariff	
Botswana						<input type="checkbox"/> 1. ONLINE	
Lesotho						<input type="checkbox"/> 3. EFT	
Namibia						<input type="checkbox"/> Total Mass (Kg)	
Swaziland						<input type="checkbox"/> 2	
Other							
Analysis Code							
Sender's Reference <u>UTI</u>							
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"/>	
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)	
<u>1</u>		<u>1</u>		<u>36</u>		<u>18</u>	
						HEIGHT (CM)	
						<u>8</u>	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>Penelope</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>XOLANI</u>			
Date Received: <u>15/03/2018</u>		Time Received: <u>11:48</u>		Date Received: <u>14/03/18</u>		Time Received: <u>14:55</u>	
Signatures: <u>f-manul</u>				Signatures: <u>Xolani</u>			

POD COPY

