

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Rends 0081
 e [012] 673 2000
 Reg. No. 2004/016747/07
 VAT Reg. No. 4260213873



SUBBD25871456

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET		Company Name: LE CREUSET CLEARWATER				<input type="checkbox"/> Same Day	
Street Address: UNIT 7, OUDE HOEK CNR CHURCH & ANDRINGA STREET		Street Address: SHOP WMO.30A CLEARWATER MALL CHRISTIAN DE WET ROAD				<input type="checkbox"/> Express	
Suburb: STELLENBOSCH		Suburb: CLEARWATER				<input type="checkbox"/> With Sunrise Option	
City/Town: CAPE TOWN Postal Code: 7140		City/Town: JOHANNESBURG Postal Code: 2001				<input type="checkbox"/> With Saturday Service	
Contact: CHERYL		Contact: LISA PILLAY				<input type="checkbox"/> Public Holiday Service	
Phone: 021 300 3168		Phone: 011 475 1202				<input checked="" type="checkbox"/> Economy	
Destination Country: South Africa		Destination Country: South Africa				<input type="checkbox"/> After Hours	
Destination Country: Botswana		Destination Country: Lesotho				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: Lesotho		Destination Country: Namibia				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country: Swaziland		Destination Country: Other (Please Specify)				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: 0711764905		Analysis Code				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): PINKY				Name Of Courier (PLEASE PRINT CLEARLY): [Signature]			
Date Received: 09/04/18		Time Received: 01/16		Date Received: 05/04/18		Time Received: 13/11	
Signature: [Signature]				Signature: [Signature]			
						Total Mass (Kg)	

POD COPY

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