

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



SUBBD25871484

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET TYGERVALLEY				<input type="checkbox"/> Same Day	
Street Address UNIT 7, OUDE HOEK CNR CHURCH & ANDRINGA STREET		Street Address SHOP 513, UPPER LEVEL TYGERVALLEY CENTRE BILL BEZUIDENHOUT ROAD				<input type="checkbox"/> Express	
Suburb STELLENBOSCH		Suburb BELLVILLE				<input type="checkbox"/> With Sunrise Option	
City / Town CAPE TOWN Postal Code 7140		City / Town CAPE TOWN Postal Code 7530				<input type="checkbox"/> With Saturday Service	
Contact CHERYL		Contact LIZE MARIE				<input type="checkbox"/> Public Holiday Service	
Phone 021 300 3168		Phone 021 914 7053				<input checked="" type="checkbox"/> Economy	
Destination Country <input checked="" type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference		Analysis Code				BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.		1. ONLINE <input type="checkbox"/>	
<p>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).</p>							
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)	Total Mass (Kg)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Gabbi				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
Date Received: 220218		Time Received: 1105		Date Received: DDMMYY		Time Received: HHMM	
Signature:				Signature:			

POD COPY

Version Control (3/2008)

