

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



SUBBD25871491

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day	
Street Address <u>UNIT 7 OUDE HOEK CNR CHURCH & ANDRINGA STREET</u>		Street Address <u>Shop 15 Constantia Village Corner Constantia Main Rd & Spaansgematch</u>				<input type="checkbox"/> Express	
Suburb <u>STELLENBOSCH</u>		Suburb <u>Constantia</u>				<input type="checkbox"/> With Sunrise Option	
City / Town <u>CAPE TOWN</u> Postal Code <u>7140</u>		City / Town <u>CAPE TOWN</u> Postal Code <u> </u>				<input type="checkbox"/> With Saturday Service	
Contact <u>CHERYL</u>		Contact <u>Nicole</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>021 300 3168</u>		Phone <u>021 794 3615</u>				<input checked="" type="checkbox"/> Economy	
Destination Country <u>South Africa</u>		<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 <u>OTI9637706</u>		Analysis Code <u> </u>				BLNS Customs Tariff <u> </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 <u> </u>			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
1							
Goods received in full without damage (unless endorsed)				Name Of Receiver (PLEASE PRINT CLEARLY)			
<u>GARNETTE</u>				<u> </u>			
Date Received: <u>020118</u>		Time Received: <u>0910</u>		Date Received: <u>29/12/17</u>		Time Received: <u>11:30 AM</u>	
Signature: <u> </u>				Signature: <u> </u>			

POD COPY

South Control (06/2016)

