

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213673



SUBBD26095981

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: LE CREUSET		Company Name: LE CREUSET SOUTH AFRICA					<input type="checkbox"/> Same Day
Street Address: SHOP 105 GARDEN ROUTE MALL N2 HIGHWAY & KNYSNA RD		Street Address: UNIT 1 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEVELD ROAD					<input type="checkbox"/> Express
Suburb: GEORGE		Suburb: SOMERSET WEST					<input type="checkbox"/> With Sunrise Option
City / Town: GEORGE (GR) Postal Code: 6546		City / Town: CPT Postal Code: 8001 6					<input type="checkbox"/> With Saturday Service
Contact: ELZANNE		Contact: SENNA					<input type="checkbox"/> Public Holiday Service
Phone: 044 004 0112		Phone: 021 851 7178					<input checked="" type="checkbox"/> Economy
Destination Country: South Africa		Destination Country: South Africa					<input type="checkbox"/> After Hours
Sender's Reference: [] [] [] [] [] [] [] [] [] []		Analysis Code: [] [] [] [] [] [] [] [] [] []					<input type="checkbox"/> 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"/>					<input type="checkbox"/> 1. ONLINE
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"/> 3. EFT
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
[1]		[1 Box]		[] [] [] [] [] [] [] [] [] []		[] [] [] [] [] [] [] [] [] []	
HEIGHT (CM)		[] [] [] [] [] [] [] [] [] []					Total Mass (Kg)
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
Date Received: [16] [01] [18]		Date Received: [15] [01] [18]					
Time Received: [09] [00]		Time Received: [15] [00]					
Signature: [Signature]		Signature: [Signature]					

POD COPY

Version: Control (06/2016)