

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



SUBBD26188348


POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required					
Company Name <u>Drikus</u>		Company Name <u>Le Creuset</u>				<input type="checkbox"/> Same Day					
Street Address <u>Villa seville units Bach Street Van der Hoffpark Potchefstroom</u>		Street Address <u>Unit 6 Heron Park Olive Grove Industrial Somerset West</u>				<input type="checkbox"/> Express					
Suburb <u>Potchefstroom</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option					
City / Town <u>W/L</u> Postal Code <u>2520</u>		City / Town <u>Capetown</u> Postal Code <u>7130</u>				<input type="checkbox"/> With Saturday Service					
Contact <u>076 155 6117 Drikus</u>		Contact <u>MARY</u>				<input type="checkbox"/> Public Holiday Service					
Phone <u>17</u>		Phone <u>021 857 7178</u>				<input checked="" type="checkbox"/> Economy					
Destination Country* <input 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				<input type="checkbox"/> BLNS Customs Tariff					
<b>SPECIAL INSTRUCTIONS</b>											
Bill Charges To Account No.		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.		<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).						<input type="checkbox"/> 3. EFT					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				<input type="checkbox"/> Total Mass (Kg)					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>			
1											
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>ERVINO</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>DAVID</u>		QR CODE / TRACKING IMAGE					
Date Received: <u>050218</u>		Time Received: <u>0030</u>		Date Received: <u>010218</u>						Time Received: <u>1550</u>	
Signature:				Signature:							

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