

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. 4280213873



SUBBD26308773


<b>Sender's Details</b> Company Name: <b>LE CREUSET</b> Street Address: <b>MALL OF AFRICA SHOP 204 ALLENDALE &amp; BEN SCHOEMAN HIGHWAY WATERFALL ESTATE JOHANNESBURG</b> Suburb: <b>JOHANNESBURG</b> City/Town: <b>JNB</b> Postal Code: <b>7520</b> Contact: <b>PHINDILE KHANGALE</b> Phone: <b>011 568 2097</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>Le Creuset Head Office</b> Street Address: <b>Unit 5 OLIVE GROVE INDUSTRIAL SOMERSET WEST</b> Suburb: <b>SOMERSET WEST</b> City/Town: <b>CAPE TOWN</b> Postal Code: <b>7945</b> Contact: <b>VICKY</b> Phone: <b>021 851 7178</b>		Mark Service Required <input type="checkbox"/> Same Day <input checked="" type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
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)		Analysis Code:		
Sender's Reference: <b>FILE</b>				
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No.: <b>027766</b> Bill To: <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) 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		SENDER'S AUTHORIZED SIGNATURE: <i>Houssain</i> DATE: <b>16/01/18</b>		
Total Parcels: <b>1</b>	NO. OF PARCELS PER DIMENSIONS: <b>Flyer</b>	LENGTH (CM)	WIDTH (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>J BENADE</b> Date Received: <b>17/01/18</b> Time Received: <b>09:30</b> Signature: <i>Benade</i>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): <i>Mphahlele</i> Date Received: <b>16/01/18</b> Time Received: <b>15:40</b> Signature: <i>[Signature]</i>		

POD COPY

Version Control: 1/6/2015

Total Mass (Kg)

