

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reads 0061
Tel: (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD26508528

POD COPY

Sender's Details			Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <u>LE CREUSET WOODLANDS</u>			Company Name: <u>LE CREUSET MALL OF THE SOUTH</u>						<input type="checkbox"/> Same Day	
Street Address: <u>SHOP 276, WOODLAND BOULEVARD CNR GARSFONTEIN RD & DE VILIEBOS</u>			Street Address: <u>SHOP 608, MALL OF THE SOUTH C/O KLIPRIVIER DRIVE AND SWARTKOPPIES ROAD, ASPEN HILLS</u>						<input type="checkbox"/> Express	
Suburb: <u>MORELETA PARK</u>			Suburb: <u>ASPEN HILLS</u>						<input type="checkbox"/> With Sunrise Option	
City/Town: <u>PRETORIA</u> Postal Code: <u>0002</u>			City/Town: <u>JOHANNESBURG</u> Postal Code: <u>2013</u>						<input type="checkbox"/> With Saturday Service	
Contact: <u>MARISKA</u>			Contact: <u>FELICITY</u>						<input type="checkbox"/> Public Holiday Service	
Phone: <u>012 997 3777</u>			Phone: <u>010 500 0223</u>						<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"/> After Hours	
<input type="checkbox"/> Swaziland			<input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference: <u>UT13888056</u>										
SPECIAL INSTRUCTIONS										
Bill Charges To Account No: <u>027766</u>			<input type="checkbox"/> Bill To Sender		<input type="checkbox"/> Consignee		<input type="checkbox"/> Other (Name Please):		<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 12.6 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, 12.8 AND 12.7 OVERLEAF).			if Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.		 SENDER'S AUTHORISED SIGNATURE		<u>19/07/18</u> DATE		<input type="checkbox"/> 3. EFT	
									Total Mass (Kg)	
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)	
<u>1</u>			<u>BOX</u>							
Goods received in full without damage (unless endorsed)					Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY): <u>Ntombi</u>					Name Of Courier (PLEASE PRINT CLEARLY): <u>Mphahlele</u>					
Date Received: <u>200718</u>					Date Received: <u>190718</u>					
Time Received: <u>0935</u>					Time Received: <u>1646</u>					
Signature:					Signature:					

