

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd.
t/a DSV Distribution
PO Box 53, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD26760620

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required			
Company Name LE CREUSET SHOP UM30A		Company Name LE CREUSET						<input type="checkbox"/> Same Day			
Street Address CLEARWATER MALL CHRISTIAN DE WET ROAD		Street Address UNIT 5 HERON PARK OLIVE GROOVE INDUSTRIAL ESTATE OLD PAAR DE VLEI ROAD						<input type="checkbox"/> Express			
Suburb JOHANNESBURG		Suburb SOMERSET WEST						<input type="checkbox"/> With Sunrise Option			
City/Town JNB Postal Code 2001		City/Town CAPE TOWN Postal Code 7200						<input type="checkbox"/> With Saturday Service			
Contact LISA		Contact VICKY						<input type="checkbox"/> Public Holiday Service			
Phone 011 475 1202		Phone 021 851 7178						<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"/> Swaziland <input type="checkbox"/> Other (Please Specify)								<input type="checkbox"/> After Hours			
Sender's Reference UT19932683		Analysis Code						<input type="checkbox"/> BLNS Customs Tariff			
SPECIAL INSTRUCTIONS								<input type="checkbox"/> 1. ONLINE			
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)						<input type="checkbox"/> 3. EFT			
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 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 14.5 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 14.5, 14.6 AND 14.7 OVERLEAF).		SENDER'S AUTHORIZED SIGNATURE V. P. P. P. DATE 17/01/18						Total Mass (Kg)			
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number											
Total Parcels 8		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) EIVV				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) S. S. S.							
Date Received: 190118		Time Received: 0915		Date Received: 170118		Time Received: 1430					
Signature: [Signature]				Signature: [Signature]							

POD COPY

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