

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds, 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT No. 4890189695



SUBBD26760636

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SUBHT 10173767

POD COPY

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		Street Address HOBART A ROVE				<input type="checkbox"/> Express
CHRISTIAN DE WET ROAD		SHOP 61 CNR HOBART J				<input type="checkbox"/> With Sunrise Option
Suburb JOHANNESBURG		Suburb BRAYDAUSTON				<input type="checkbox"/> With Saturday Service
City / Town JNB	Postal Code 2001	City / Town JNB	Postal Code 2021	<input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours		
Contact LISA		Contact SEVERIAN				
Phone 011 475 1202		Phone 011 568 4702				<input type="checkbox"/> BLNS Customs Tariff
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"/> 1. ONLINE <input type="checkbox"/> 3. EFT
Senders Reference 4711097317		Analysis Code				
SPECIAL INSTRUCTIONS						
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"/>				
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 R250.00 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)						
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)	Total Mass (Kg)
02						
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Felicity			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) gk			[Barcode Area]
Date Received: 080318		Time Received: 1130		Date Received: 070318		
Signature: J. J. J.		Signature: gk		Signature: gk		

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