

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. 4880189685



SUBBD26760701

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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 UNIT 5 HERON PARK					<input checked="" type="checkbox"/> Express	
CHRISTIAN DE WET ROAD		OLIVE GROOVE INDUSTRIAL ESTATE					<input type="checkbox"/> With Sunrisel Option	
Suburb JOHANNESBURG		Suburb SOMERSET WEST					<input type="checkbox"/> With Saturday Service	
City / Town JNB	Postal Code 2001	City / Town CAPE TOWN	Postal Code 7200			<input type="checkbox"/> Public Holiday Service		
Contact LISA		Contact WILLY						<input type="checkbox"/> Economy
Phone 011 475 1202		Phone 021 851 7178						<input type="checkbox"/> After Hours
Destination Country		South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)	<input type="checkbox"/> BLNS Customs Tariff
Sender's Reference UTI 9643888		Analysis Code						<input type="checkbox"/> 1. ONLINE
SPECIAL INSTRUCTIONS								<input type="checkbox"/> 3. EFT
Bill Charges To Account No. 027766	Bill To Sender <input checked="" 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 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 14.6, 14.8 AND 14.7 OVERLEAF).								
SENDER'S AUTHORISED SIGNATURE <i>Willy</i>						DATE 02/01/18		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)				
Goods received in full without damage (unless endorsed)				Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) J BENADE				Name Of Courier (PLEASE PRINT CLEARLY) Tshendo				
Date Received: 03/01/18		Time Received: 1050		Date Received: 02/01/18		Time Received: 1307		
Signature: <i>Bena</i>				Signature: <i>Tshendo</i>				

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