

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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. 4880189585



SUBBD26760703

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 X	
Suburb CHRISTIAN DE WET ROAD		Street Address OLD PARROCKLE ROAD				<input type="checkbox"/> With Sunrise Option	
Suburb JOHANNESBURG		Suburb JOHANNESBURG WEST				<input type="checkbox"/> With Saturday Service	
City / Town JNB Postal Code 2001		City / Town CPT		Postal Code		<input type="checkbox"/> Public Holiday Service	
Contact LISA		Contact LARREN				<input type="checkbox"/> Economy	
Phone 011 475 1202		Phone 021 951 7178				<input type="checkbox"/> After Hours	
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		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference UTI 9635223						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				<input type="checkbox"/> 3. EFT	
Bill Charges To Account No 027766		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 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).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORIZED SIGNATURE <i>[Signature]</i>		DATE 28-12-17	
Total Parcels X1		NO. OF PARCELS PER DIMENSIONS FLYER		LENGTH (CM)		WIDTH (CM)	
						HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Mensel F				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Tshepo			
Date Received: 020718		Time Received: 09:00		Date Received: 291217		Time Received: 1350	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

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