

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



SUBBD26769086

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name Le Creuset	Company Name LE CREUSET BALLITO	Street Address SHOP 244 LEONORA DRIVE BALLITO DOLPHIN COAST	Street Address
Street Address 90 William Cambell drive, sho La Lucia Umhlanga	Street Address	Suburb DURBAN	Suburb
City / Town DUR	City / Town	Postal Code 4399	Postal Code
Contact Bill McIntosh/Marion	Contact SONITHA	Phone 032 - 004 0138	Phone
Phone 0315725045	Phone	Destination Country	Destination Country
Destination Country South Africa	Destination Country	Analysis Code	Analysis Code
Sender's Reference UT12392491	Sender's Reference		

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS Customs Tariff

SPECIAL INSTRUCTIONS

Bill Charges To Account No. Bill To Sender Consignee Other (Name Please)

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).

027766

Handwritten: 10/05/2018

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels NO. OF PARCELS PER DIMENSIONS LENGTH (CM) WIDTH (CM) HEIGHT (CM)

1 **BOX**

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)
SONITHA

Date Received:
11/05/18

Time Received:
09/41

Signature: *[Signature]*

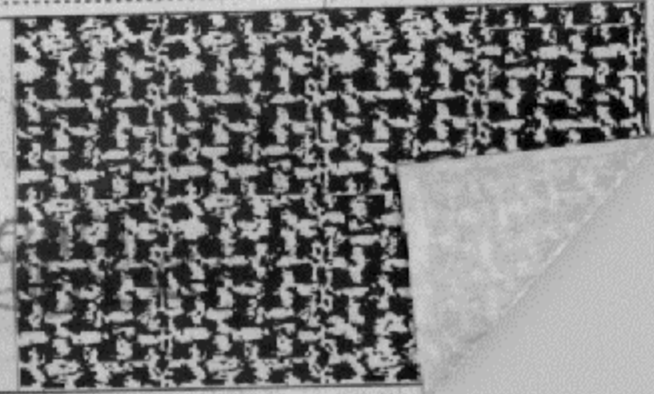
Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)
Gerard

Date Received:
10/05/18

Time Received:
14:45

Signature: *[Signature]*



1. ONLINE

3. EFT

Total Mass (Kg)

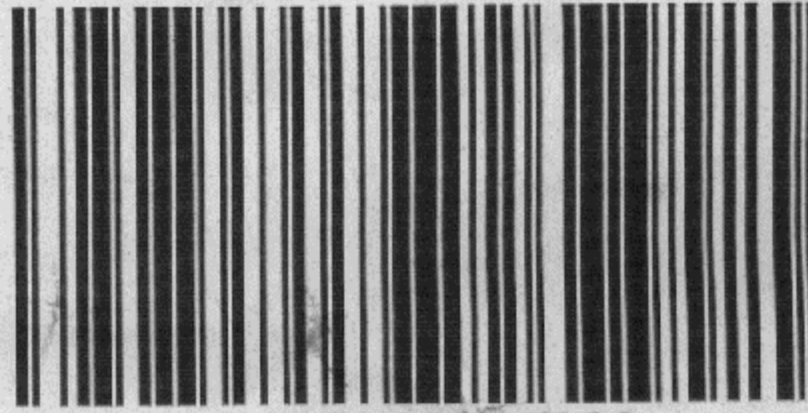
POD COPY

Version Control (08/2017)

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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		Company Name LE CREUSET BALLITO				<input type="checkbox"/> Same Day	
Street Address 90 William Cambell drive, sho		Street Address SHOP 244				<input type="checkbox"/> Express	
La Lucia		LEONORA DRIVE				<input type="checkbox"/> With Sunrise Option	
Umhlanga		BALLITO				<input type="checkbox"/> With Saturday Service	
Suburb		Suburb DOLPHIN COAST				<input checked="" type="checkbox"/> Public Holiday Service	
City / Town DUR	Postal Code 4000	City / Town DURBAN	Postal Code 4399			<input checked="" type="checkbox"/> Economy	
Contact Bill McIntosh/Marion		Contact SONITHA				<input type="checkbox"/> After Hours	
Phone 0315725045		Phone 032 - 004 0130				BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference UT12392491		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No.		Bill To <input type="checkbox"/> Sender		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 14.5, 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)	
1		BOX					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
SONITHA				Gerald			
Date Received:		Time Received:		Date Received:		Time Received:	
11/05/18		09/41		10/05/2018		10/05/18	
Signature:				Signature:			

POD COPY

Version Control (03/2017)

Total Mass (Kg)

