

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



SUBBD26769090

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																											
City/Town DUR Postal Code 4000		City/Town DURBAN Postal Code 4399				<input checked="" type="checkbox"/> Express																							
Contact Bill McIntosh/Marion		Contact SONITHA				<input type="checkbox"/> With Sunrise Option																							
Phone 031-5725045		Phone 032 004 9138				<input type="checkbox"/> With Saturday Service																							
Destination Country South Africa		Other (Please Specify)				<input type="checkbox"/> Public Holiday Service																							
Sender's Reference UTI 2301105		Analysis Code				<input checked="" type="checkbox"/> Economy																							
SPECIAL INSTRUCTIONS						<input type="checkbox"/> After Hours																							
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				BLNS Customs Tariff																							
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).						1. ONLINE <input type="checkbox"/>																							
SENDER'S AUTHORIZED SIGNATURE [Signature] DATE 04/05/2018																													
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						3. EFT <input type="checkbox"/>																							
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>BOX</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	1	BOX				Total Mass (Kg)												
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