

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 1/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685



SUBBD26815475

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 MOA					<input type="checkbox"/> Same Day	
Street Address 90 William Cambell drive, sho and Magwa crescent		Street Address lone creek crescent					<input type="checkbox"/> Express	
La Lucia		waterfall city					<input type="checkbox"/> With Sunrise Option	
Umlanga		Midrand					<input type="checkbox"/> With Saturday Service	
Suburb		Suburb					<input type="checkbox"/> Public Holiday Service	
City / Town DUR Postal Code 4000		City / Town Gauteng Postal Code 1686					<input checked="" type="checkbox"/> Economy	
Contact Bill McIntosh/Marion		Contact Phindile					<input type="checkbox"/> After Hours	
Phone 0315725045		Phone 011 568 2097					<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input 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)								
Sender's Reference UTI 10227730		Analysis Code						
SPECIAL INSTRUCTIONS FRAGILE								
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"/>		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 AUTHORISED SIGNATURE (A) DATE 13/03/2018		
Total Parcels 01		NO. OF PARCELS PER DIMENSIONS 1 Box		LENGTH (CM)		WIDTH (CM)		
						HEIGHT (CM)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) PHINDILE				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Gerard				
Date Received: 13/03/18		Time Received: 1330		Date Received: 13/03/18		Time Received: 1530		
Signature: _____				Signature: _____				

POD COPY

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