

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. 4880189685



SUBBD26830797

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required
Company Name: SHOP 224		Company Name: Le creuset Cape town					<input type="checkbox"/> Same Day
Street Address: LEONORA DRIVE LE CREUSET BALLITO JUNCTION BALLITO DOLPHIN COAST		Street Address: Unit 6 Hiron Park Olive Grove Park					<input type="checkbox"/> Express
Suburb: DURBAN		Suburb: Somerset West					<input type="checkbox"/> With Sunrise Option
City / Town: DUR Postal Code: []		City / Town: Cape Town Postal Code: 8001					<input type="checkbox"/> With Saturday Service
Contact: SONITHA		Contact: Jenna					<input type="checkbox"/> Public Holiday Service
Phone: 021 254 0134		Phone: 021 851 7178					<input checked="" type="checkbox"/> Economy
Destination Country: South Africa		(Please Specify)					<input type="checkbox"/> After Hours
Sender's Reference: []		Analysis Code: []					<input type="checkbox"/> BLNS Customs Tariff
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. []		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) []					<input type="checkbox"/> 1. ONLINE
027766		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.					<input type="checkbox"/> 3. EFT
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 Mass (Kg)
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)			
1 x BOX							
Goods received in full without damage (unless endorsed). Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
GCV/MO				L. []			
Date Received: 19/01/17		Time Received: 09:15		Date Received: 17/01/18		Time Received: 16:50	
Signature: []				Signature: []			

POD COPY

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