

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



SUBBD26876233

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 HOBART GROVE		Company Name Le Creuset Rustenburg				<input type="checkbox"/> Same Day	
Street Address SHOP G1		Street Address Shop 101 Waterfall Mall				<input type="checkbox"/> Express	
CNR HOBART & GROSVENOR ROADS		Augrabies Avenue				<input type="checkbox"/> With Sunrise Option	
Suburb BRYANSTON		Suburb Rustenburg				<input type="checkbox"/> With Saturday Service	
City / Town JNB Postal Code 2021		City / Town N N Postal Code 0299				<input type="checkbox"/> Public Holiday Service	
Contact		Contact Maris				<input type="checkbox"/> Economy	
Phone 011 568 4708		Phone 014 537 2279				<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		BLNS Customs Tariff	
Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To Sender <input checked="" 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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LERATO				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) S. CAS			
Date Received: 130618		Time Received: 1300		Date Received: 120618		Time Received: 1300	
Signature: <i>R. Mwe</i>				Signature: <i>[Signature]</i>			

POD COPY

Version Control (08/2017)

