

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



SUBBD26876241

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<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>
Company Name <b>LE CREUSET HOBART GROVE</b>		Company Name <b>le Creuset Cresta</b>				<input type="checkbox"/> Same Day
Street Address <b>SHOP G1</b>		Street Address <b>Shop U41</b>				<input type="checkbox"/> Express
<b>CNR HOBART &amp; GROSVENOR ROADS</b>		<b>Cresta Shopping Centre</b>				<input type="checkbox"/> With Sunrise Option
Suburb <b>BRYANSTON</b>		Suburb <b>Cresta</b>				<input type="checkbox"/> With Saturday Service
City / Town <b>INB</b> Postal Code <b>2021</b>		City / Town <b>JHB</b> Postal Code <b>2001</b>				<input type="checkbox"/> Public Holiday Service
Contact		Contact <b>SSA</b>				<input type="checkbox"/> Economy
Phone <b>011 568 4708</b>		Phone <b>011 476 6010</b>				<input type="checkbox"/> After Hours
Destination Country <input checked="" 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)						<input type="checkbox"/> BLNS Customs Tariff
Sender's Reference <b>U412808705</b>		Analysis Code				<input type="checkbox"/> 1. ONLINE
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> 3. EFT
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				Total Mass (Kg)
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).		SENDER'S AUTHORISED SIGNATURE <b>[Signature]</b> DATE <b>07/01/18</b>				
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						Total Mass (Kg)
<b>Total Parcels</b>						
NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)				Total Mass (Kg)
<b>1</b>						
Goods received in full without damage (unless endorsed)		Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) <b>Thembi</b>		Name Of Courier (PLEASE PRINT CLEARLY) <b>[Signature]</b>				
Date Received: <b>080618</b>		Date Received: <b>070618</b>				
Time Received: <b>0805</b>		Time Received: <b>1455</b>				
Signature: <b>[Signature]</b>		Signature: <b>[Signature]</b>				

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