

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 c/a DSV Distribution
 PO Box 53, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4380195685



SUBBD26876257

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 Nicalway						<input type="checkbox"/> Same Day	
Street Address SHOP G1		Street Address Shop L21						<input type="checkbox"/> Express	
CNR HOBART & GROSVENOR ROADS		William Nicol Drive						<input type="checkbox"/> With Sunrise Option	
Suburb BRYANSTON		Suburb Bryanston						<input type="checkbox"/> With Saturday Service	
City / Town JNB Postal Code 2021		City / Town JHB Postal Code 2191						<input type="checkbox"/> Public Holiday Service	
Contact		Contact Zanele						<input type="checkbox"/> Economy	
Phone 011 568 4708		Phone 011 706 2198						<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference Ut i 12368702		Analysis Code						BLNS Customs Tariff	
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"/>		1. ONLINE <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)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) THANAKKA					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) A. A. S.				
Date Received: 10/05/18					Date Received: 09/05/18				
Time Received: 1000					Time Received: 1600				
Signature:					Signature:				
Total Mass (Kg)									

POD COPY

Version Control: 09/2017

