

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/D7
VAT No. 4880189685



SUBBD26876259

2 2 2 E E E

Sender's Details	Consignee's Details. Full Street Address Please	Mark Service Required
Company Name: LE CREUSET HOBART GROVE	Company Name: Le Creuset Morlyn	<input type="checkbox"/> Same Day
Street Address: SHOP G1	Street Address: Shop 12	<input type="checkbox"/> Express
CNR HOBART & GROSVENOR ROADS	Morlyn maine January	<input type="checkbox"/> With Sunrise Option
Suburb: BRYANSTON	Suburb: Katerbloof Extra	<input type="checkbox"/> With Saturday Service
City/Town: JNB Postal Code: 2021	City/Town: Pretoria Postal Code: 0181	<input type="checkbox"/> Public Holiday Service
Contact:	Contact: Toni	<input type="checkbox"/> Economy
Phone: 011 568 4708	Phone: 012 004 0082	<input type="checkbox"/> After Hours
Destination Country: <input checked="" type="checkbox"/> South Africa	<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: 4 + i l 2 3 6 8 7 0 2	Analysis Code:	<input type="checkbox"/> 1. ONLINE
SPECIAL INSTRUCTIONS		<input type="checkbox"/> 3. EFT
Bill Charges To Account No: 027766	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).		
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)		
Date Received:		
Time Received:		
Name Of Courier (PLEASE PRINT CLEARLY)		
Date Received:		
Time Received:		
Signature:		

POD COPY

Version Control (09/01/17)