

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 1/4 DSV Distribution
 PO Box 63, The Reeds 0061
 Tel: (012) 673 2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685

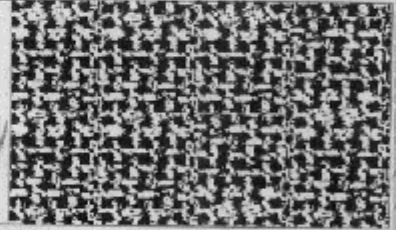


SUBBD26876267

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required														
Company Name LE CREUSET BOBART GROVE		Company Name LE CREUSET BEDFORD				<input type="checkbox"/> Same Day														
Street Address SHOP G1		Street Address SHOP 417				<input type="checkbox"/> Express														
CNR HOBART & GROSVENOR ROADS		BEDFORDVIEW CENTRE				<input type="checkbox"/> With Sunrise Option														
Suburb BRYANSTON		Suburb BEDFORDVIEW				<input type="checkbox"/> With Saturday Service														
City/Town JNB Postal Code 2021		City/Town JOHANNESBURG Postal Code 2008				<input type="checkbox"/> Public Holiday Service														
Contact SEVARIAN		Contact NATASHA				<input checked="" type="checkbox"/> Economy														
Phone 011 568 4708		Phone 011 615 1923				<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		Analysis Code				<input type="checkbox"/> 1. ONLINE														
SPECIAL INSTRUCTIONS																				
Bill Charges To Account No 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>																		
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															
<table border="1"> <thead> <tr> <th>Total Parcels</th> <th>NO. OF PARCELS PER DIMENSIONS</th> <th>LENGTH (CM)</th> <th>WIDTH (CM)</th> <th>HEIGHT (CM)</th> <th colspan="2">Total Mass (Kg)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> </tbody> </table>							Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)		1						
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)															
1																				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Natasha				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) [Signature]																
Date Received: 16/08/18		Time Received: 12:13		Date Received: 15/08/18		Time Received: 18:00														
Signature: [Signature]				Signature: [Signature]																



Vendor Control 08/2017