

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD27051053


POD COPY

<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>
Company Name <b>LE CREUSET TYGERVALLEY</b>		Company Name <b>Le Creuset</b>				<input type="checkbox"/> Same Day
Street Address <b>SHOP 513 TYGERVALLEY CENTRE BILL BEZUIDENHOUT AVE</b>		Street Address <b>Shop 6197 Victoria Wharf V&amp;A Waterfront</b>				<input type="checkbox"/> Express
Suburb <b>TYGERVALLEY</b>		Suburb <b>Northern Suburb</b>				<input type="checkbox"/> With Sunrise Option
City / Town <b>CAPE TOWN</b>	Postal Code <b>7530</b>	City / Town <b>CPT</b>	Postal Code <b>8001</b>			<input type="checkbox"/> With Saturday Service
Contact <b>LIZE MARIE</b>		Contact <b>Lize Marie</b>				<input type="checkbox"/> Public Holiday Service
Phone <b>021 914 7053</b>		Phone <b>021 421 5821</b>				<input checked="" type="checkbox"/> Economy
Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference		Analysis Code				<input type="checkbox"/> After Hours
<b>SPECIAL INSTRUCTIONS</b>						
Bill Charges To Account No. <b>027766</b>	Bill To Sender <input type="checkbox"/>	Consignee <input type="checkbox"/>	Other (Name Please) <input type="checkbox"/>			<input type="checkbox"/> 1. ONLINE
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 14.6 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					DATE <b>15/01/2018</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number						
<b>Total Parcels</b>	<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>		
1	Small Box					
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>LIZEMARIE</b>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>SHARON</b>		
Date Received: <b>17/01/18</b>		Time Received: <b>1335</b>		Date Received: <b>16/01/18</b>		Time Received: <b>1450</b>
Signature:				Signature:		

Version Control (08/2017)