

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 53, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4880189685



SUBBD27105635


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>LE CREUSET</b>		Company Name <b>LE CREUSET</b>						<input type="checkbox"/> Same Day	
Street Address <b>SHOP 202A ROSEBANK MALL 50 BATCH AVENUE</b>		Street Address <b>UNIT 1 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PADDENVELT ROAD</b>						<input checked="" type="checkbox"/> Express	
Suburb <b>ROSEBANK</b>		Suburb <b>SOMERSET WEST</b>						<input type="checkbox"/> With Sunrise Option	
City/Town <b>JHB</b> Postal Code <b>2196</b>		City/Town <b>CAPE TOWN</b> Postal Code <b>LAUREN</b>						<input type="checkbox"/> With Saturday Service	
Contact <b>EIEN</b>		Contact <b>LAUREN</b>						<input type="checkbox"/> Public Holiday Service	
Phone		Phone <b>021 851 7178</b>						<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)						<input type="checkbox"/> After Hours	
<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						BLNS Customs Tariff	
Sender's Reference		Analysis Code						1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <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			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
<input type="checkbox"/>									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<b>LAUREN</b>					<b>LABZ</b>				
Date Received:		Time Received:		Date Received:		Time Received:			
<b>03 01 18</b>		<b>1050</b>		<b>02 01 18</b>		<b>1520</b>			
Signature:					Signature:				

POD COPY

Version Control (05/2017)

