

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. 2000/016342/07
VAT. No. 4880189685



SUBBD27156676

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET HOBART GROVE SHOP G1		Company Name LE CREUSET SANDTON						<input type="checkbox"/> Same Day	
Street Address CNR HOBART GROSVENDOR ROADS		Street Address SHOP C 339 SANDTON CITY SHOPPING CENTRE STA AND RIVONVA STREETS SANDTON						<input type="checkbox"/> Express	
Suburb BRYANSTON		Suburb SANDTON						<input type="checkbox"/> With Sunrise Option	
City / Town JNB SEVARLAN	Postal Code 2021	City / Town JOHANNESBURG				Postal Code 2196		<input type="checkbox"/> With Saturday Service	
Contact 011 568 4708		Contact KARABO						<input type="checkbox"/> Public Holiday Service	
Phone 011 568 4708		Phone 011 784 0301						<input checked="" type="checkbox"/> Economy	
Destination Country <input 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)		Analysis Code						<input type="checkbox"/> After Hours	
Sender's Reference U7122-28794								<input type="checkbox"/> BLNS Customs Tariff	
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)		If Consignee Or Other (Third Party) is Billed, Sender Remains Liable For Unpaid Charges.				<input type="checkbox"/> 1. ONLINE	
<p><small>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).</small></p>									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number						<input type="checkbox"/> 3. EFT	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) KARABO				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) SILVIA					
Date Received: 300418		Time Received: 0919		Date Received: 260418		Time Received: 1400			
Signature:				Signature:					

Total Mass (Kg)

Version: Correct (08/2017)