

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reads 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4680169685



SUBBD27156680

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>LE CREUSET HOBART GROVE SHOP G1</b>		Company Name <b>LE CREUSET BEDFORD</b>						<input type="checkbox"/> Same Day	
Street Address <b>CNR HOBART GROSVENOR ROADS</b>		Street Address <b>SHOP U17, BEDFORDVIEW CENTRE CNR SMITH AND VAN DER LINDE STREETS</b>						<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b>BEDFORDVIEW</b>						<input type="checkbox"/> With Sunrise Option	
City/Town <b>JNB SEVARIAN</b> Postal Code <b>2021</b>		City/Town <b>JOHANNESBURG</b> Postal Code <b>2008</b>						<input type="checkbox"/> With Saturday Service	
Contact <b>Phone 011 568 4708</b>		Contact <b>NATASHA</b> Phone <b>011 615 1923</b>						<input type="checkbox"/> Public Holiday Service	
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 checked="" type="checkbox"/> Economy	
Sender's Reference <b>UT10228794</b>		Analysis Code						<input type="checkbox"/> After Hours	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No <b>027766</b>		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.									
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 14.3 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>	
1									
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <b>MILA</b>					<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY) <b>P. L. DAVS</b>				
Date Received: <b>300418</b>		Time Received: <b>114525</b>			Date Received: <b>260418</b>		Time Received: <b>1400</b>		
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				
<b>Total Mass (Kg)</b>									

POD COPY

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