

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



SUBBD27219361

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>LE CREUSET WATERFALL</u>		Company Name <u>LE CREUSET HIDE PARK</u>				<input type="checkbox"/> Same Day	
Street Address <u>SHOP 101 LAU CRABER AVENUE CAIRAN EXT 12 WATERFALL MALL</u>		Street Address <u>SHOP 71 UPPER MALL HIDE PARK CORNER C/O JAN SMUZ & 6TH AVE HIDE PARK</u>				<input checked="" type="checkbox"/> Express	
City/Town <u>JOHANNESBURG</u> Postal Code <u>0299</u>		City/Town <u>JOHANNESBURG</u> Postal Code <u>2195</u>				<input type="checkbox"/> With Sunrise Option	
Contact <u>MANAGER LERATO</u> Phone <u>014 537-2279</u>		Contact <u>MANAGER PATRICIA</u> Phone <u>011 325 5606</u>				<input type="checkbox"/> With Saturday Service	
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)						<input type="checkbox"/> Public Holiday Service	
Sender's Reference		Analysis Code				<input type="checkbox"/> Economy	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)	
1			30	20	1	/	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>REFILWE</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>LESERU</u>			
Date Received: <u>190618</u>		Time Received: <u>1043</u>		Date Received: <u>180618</u>		Time Received: <u>1525</u>	
Signature: <u>Stouze</u>				Signature: <u>SA</u>			

POD COPY

Version Control (08/2017)

