

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



SUBBD27219368

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET WATERFALL		Company Name LE CREUSET WAREHOUSE				<input type="checkbox"/> Same Day	
Street Address SHOP 101		Street Address UNIT 05 HERON PARK				<input type="checkbox"/> Express	
1 AUGRABIES AVENUE		OLDFG. GROVE INDUSTRIAL ESTATE				<input type="checkbox"/> With Sunrise Option	
CASHAN EXT 12		OLD PAARDEVELD RD				<input type="checkbox"/> With Saturday Service	
Suburb WATERFALL MALL		Suburb SOMERSET WEST				<input type="checkbox"/> Public Holiday Service	
City / Town CAPE TOWN Postal Code 0299		City / Town CAPE TOWN Postal Code 7130		<input type="checkbox"/> Economy		<input type="checkbox"/> After Hours	
Contact MANAGER: LERATO		Contact ATT: JENNA				<input type="checkbox"/> BLNS Customs Tariff	
Phone 011 537-2279		Phone 021 851 7178				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>	
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"/> 3. EFT <input type="checkbox"/>	
Sender's Reference DAMAGES						Total Mass (Kg) 5	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>		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 14.5 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)	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
1		52		27		54	
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) BASIL				Name Of Courier (PLEASE PRINT CLEARLY) LESECO			
Date Received: 06/06/18		Time Received: 1437		Date Received: 06/06/18		Time Received: 1215	
Signature:				Signature:			

POD COPY

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