

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. 2000/016342/37  
 VAT. No. 4880189685



SUBBD27363254

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POD COPY

<b>Sender's Details</b>			<b>Consignee's Details. Full Street Address Please</b>						<b>Mark Service Required</b>			
Company Name <b>LE CREUSET HOBART GROVE</b>			Company Name <b>LE CREUSET NICOLWAY</b>						<input type="checkbox"/> Same Day			
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>			Street Address <b>SHOP C21 NICOLWAY SHOPPING CENTRE WILLIAM NICOL DRIVE BRYANSTON</b>						<input type="checkbox"/> Express			
Suburb <b>BRYANSTON</b>			Suburb <b>BRYANSTON</b>						<input type="checkbox"/> With Sunrise Option			
City / Town <b>JNB</b>		Postal Code <b>2021</b>	City / Town <b>JOHANNESBURG</b>		Postal Code				<input type="checkbox"/> With Saturday Service			
Contact <b>SEVARIAN 011 568 4708</b>			Contact <b>ZANELE 011 706 2198</b>						<input type="checkbox"/> Public Holiday Service			
Phone			Phone						<input checked="" type="checkbox"/> Economy			
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"/> After Hours	
Other (Please Specify)			Analysis Code						<input type="checkbox"/> BLNS Customs Tariff			
Sender's Reference <b>UT10774891</b>												
<b>SPECIAL INSTRUCTIONS</b>										<input type="checkbox"/> 1. ONLINE		
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)			<input type="checkbox"/> 3. EFT		
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).										<b>SEVA</b>		
<b>SEVA</b>										<b>21/02/2018</b>		
<b>SEVA</b>										<b>21/02/2018</b>		
e-mail / Fax / Proof of Delivery <input type="checkbox"/>										<b>Total Mass (Kg)</b>		
<b>Total Parcels</b>												
		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) <b>Doreia</b>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Colin</b>						
Date Received: <b>22/02/18</b>			Time Received: <b>11h13</b>			Date Received: <b>21/02/18</b>			Time Received: <b>15h00</b>			
Signature: <b>Photo</b>						Signature:						

Version Control: 01/02/17