

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 63, The Reeds 0051  
Tel (012) 673-2000  
Reg. No. 2009/015342/07  
VAT No. 4880189685



SUBBD27363268

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <b>LE CREUSET HOBART GROVE</b>		Company Name <b>Le Creuset Clearwater</b>				<input type="checkbox"/> Same Day
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>Shop UM 30A Clearwater Mall Christian de Wet Road</b>				
Suburb <b>BRYANSTON</b>		Suburb <b>Strubensvale</b>				<input type="checkbox"/> Express
City / Town <b>JNB</b> Postal Code <b>2021</b>		City / Town <b>JHB</b> Postal Code <b>2001</b>				<input type="checkbox"/> With Sunrise Option
Contact <b>SEVARIAN</b> Phone <b>011 568 4708</b>		Contact <b>LSA</b> Phone <b>011-475 1202</b>				<input type="checkbox"/> With Saturday Service
Destination Country <input checked="" type="checkbox"/> South Africa		Other (Please Specify)				<input checked="" type="checkbox"/> Public Holiday Service
Sender's Reference <b>UTI 1093320</b>		Analysis Code				<input type="checkbox"/> Economy
<b>SPECIAL INSTRUCTIONS</b>						<input type="checkbox"/> After Hours
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"/> BLNS Customs Tariff
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				<input type="checkbox"/> 1. ONLINE
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<input type="checkbox"/> 3. EFT
1						<b>Total Mass (Kg)</b>
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>A Y A N D A</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Tankiso</b>				
Date Received: <b>090318</b>		Date Received: <b>080318</b>				
Time Received: <b>1334</b>		Time Received: <b>1635</b>				
Signature:		Signature:				

POD COPY

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