

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



SUBBD27363290

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET HOBART GROVE		Company Name LE CREUSET RUSTENBURG						<input type="checkbox"/> Same Day	
Street Address SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address SHOP 101 WATERFALL MALL AUGRABIES AVENUE WATERFALL						<input type="checkbox"/> Express	
Suburb BRYANSTON		Suburb						<input type="checkbox"/> With Sunrise Option	
City / Town JNB	Postal Code 2021	City / Town RUSTENBURG		Postal Code 0299		<input type="checkbox"/> With Saturday Service			
Contact SEVARIAN		Contact MAVIS						<input type="checkbox"/> Public Holiday Service	
Phone 011 568 4708		Phone 014 537 2279						<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	
Other (Please Specify)								<input type="checkbox"/> After Hours	
Sender's Reference UTI11023967		Analysis Code						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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)		HEIGHT(CM)	
/									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) INGRID					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Josiah				
Date Received: 06/03/18		Time Received: 0915		Date Received: 050318		Time Received: H H M M			
Signature: [Signature]					Signature: [Signature]				

POD COPY

Version Control (08/2017)

