

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



SUBBD27363295

2 2 2 E E E 2 2 2

File

Sender's Details Company Name: LE CREUSET HOBART GROVE Street Address: SHOP G1 CNR HOBART & GROSVENOR ROADS Suburb: BRYANSTON City / Town: JNB Postal Code: 2021 Contact: SEVARIAN Phone: 011 568 4708		Consignee's Details. Full Street Address Please Company Name: LC Creuset Warehouse. Street Address: Unit 5 Heron Park Olive Grove Old Poole Vlei Rd Industrial Estate Somerset West Suburb: _____ City / Town: Cape Town Postal Code: _____ Contact: _____ Phone: 021 851 7128		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
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"/> Other (Please Specify) _____ Analysis Code: _____		Sender's Reference: U110698841		
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) _____ 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 _____		SENDER'S AUTHORIZED SIGNATURE: Kardes DATE: 19/02/18		
Total Parcels: <input type="checkbox"/>	NO. OF PARCELS PER DIMENSIONS: _____	LENGTH (CM): _____	WIDTH (CM): _____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): Mamad		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): _____		
Date Received: 21 02 18	Time Received: 09:30	Date Received: 19 02 18	Time Received: 15:00	
Signature: [Signature]		Signature: [Signature]		

POD COPY

Version Control (08/2017)

