

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 53, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 486018965



SUBBD27363299

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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 CRESTA					<input type="checkbox"/> Same Day			
Street Address: SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address: SHOP G1 CRESTA SHOPPING CENTRE. BEYERS NAUDE DRIVE								
Suburb: BRYANSTON		Suburb: CRESTA					<input type="checkbox"/> Express			
City/Town: JNB Postal Code: 2021		City/Town: JHB Postal Code: 2001					<input type="checkbox"/> With Sunrise Option			
Contact: SEVARIAN		Contact: Prinwale					<input type="checkbox"/> With Saturday Service			
Phone: 011 568 4708		Phone: 011 476 6010					<input type="checkbox"/> Public Holiday Service			
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)							<input type="checkbox"/> Economy			
Sender's Reference: UT10181062		Analysis Code					<input type="checkbox"/> After Hours			
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) <input type="checkbox"/>					<input type="checkbox"/> BLNS Customs Tariff			
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					<input type="checkbox"/> 1. ONLINE <input type="checkbox"/>			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		<input type="checkbox"/> 3. EFT <input type="checkbox"/>
										Total Mass (Kg)
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) PHINDILE					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) DSV					
Date Received: 200118		Time Received: 1315			Date Received: 26/11/18		Time Received: 1500			
Signature:					Signature:					

POD COPY

Version Control (04/2017)