

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



SUBBD27409677

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET		Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address SHOP UM 30A CLEARWATER MALL		Street Address SHOP 513 UPPER LEVEL TYGERVALE CENTRE				<input type="checkbox"/> Express	
CHRISTIAN DE WET ROAD		BILL BEZUIDENHOUT RO				<input type="checkbox"/> With Sunrise Option	
Suburb JOHANNESBURG		Suburb BELVILLE				<input type="checkbox"/> With Saturday Service	
City / Town JNB Postal Code 2001		City / Town CAPETOWN Postal Code 7530				<input checked="" type="checkbox"/> Public Holiday Service	
Contact ELLEN		Contact ELIZE				<input type="checkbox"/> Economy	
Phone 011 475 1202		Phone 021 914 7053				<input checked="" type="checkbox"/> After Hours	
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		Analysis Code				BLNS Customs Tariff	
Sender's Reference UTI		Special Instructions				1. ONLINE <input type="checkbox"/>	
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>				3. EFT <input type="checkbox"/>	
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).		SENDER'S AUTHORIZED SIGNATURE <i>Willy</i> DATE 08/08/18				Total Mass (Kg)	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		LENGTH (CM) WIDTH (CM) HEIGHT (CM)				Total Mass (Kg)	
Total Parcels 1		NO. OF PARCELS PER DIMENSIONS				Total Mass (Kg)	
Goods received in full without damage (unless endorsed)		Received By DSV				Total Mass (Kg)	
Name Of Receiver (PLEASE PRINT CLEARLY) STEPHANIE		Name Of Courier (PLEASE PRINT CLEARLY)				Total Mass (Kg)	
Date Received: 13 08 18		Date Received: 08 08 18				Total Mass (Kg)	
Time Received: 12 10		Time Received: 17 05				Total Mass (Kg)	
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>				Total Mass (Kg)	

POD COPY

Version Control (08/2017)