

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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. 4880189585



SUBBD27440621

Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name	Le Creuset	Company Name	Le Creuset			Same Day		
Street Address	Bedford Centre Shop U17	Street Address	Unit 5 Heron Park Olive Grove Industrial Estate			X Express		
Suburb	Bedfordview	Suburb	Somerset West			With Sunrise Option		
City / Town	JHB	City / Town	Cape Town			With Saturday Service		
Postal Code	2008	Postal Code	7130			Public Holiday Service		
Contact	Mika	Contact	Lauren (database cards)			Economy		
Phone	011 6151923	Phone	021 2517178			After Hours		
Destination Country	South Africa	<input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)					BLNS Customs Tariff	
Sender's Reference	UTI 0951340					Analysis Code		
SPECIAL INSTRUCTIONS								
Bill Charges To Account No.	027766	Bill To	<input type="checkbox"/> Sender	<input type="checkbox"/> Consignee	<input type="checkbox"/> Other (Name Please)	1. ONLINE <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).								
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)	Total Mass (Kg)			
1								
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LAUREN				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) TLOU				
Date Received:		Time Received:		Date Received:		Time Received:		
020318		0948		010318		1332		
Signature:				Signature:				

POD COPY

Version Control (08/2017)

