

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. 4380189685



SUBBD27440630

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Sender's Details		Consignee's Details. Full Street Address Please					Mark Service Required	
Company Name <u>Le creuset Bedford</u>		Company Name <u>Le creuset Centurion</u>					<input type="checkbox"/> Same Day	
Street Address <u>Shop 117 Bedford Center</u> <u>Cnr Smith and Vanderlinde</u>		Street Address <u>Shop 301E Centurion Mall</u> <u>Upper level Heuwel Avenue</u>					<input type="checkbox"/> Express	
Suburb <u>Bedfordview</u>		Suburb <u>Centurion</u>					<input type="checkbox"/> With Sunrise Option	
City/Town <u>JHB</u> Postal Code <u>2008</u>		City/Town <u>PTA</u> Postal Code <u>0046</u>					<input type="checkbox"/> With Saturday Service	
Contact <u>NATASHA</u>		Contact <u>EUNIKA</u>					<input type="checkbox"/> Public Holiday Service	
Phone <u>011 615 1923</u>		Phone <u>011 004 0217</u>					<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa					<input type="checkbox"/> After Hours	
Destination Country		Botswana					<input type="checkbox"/> BLNS	
Destination Country		Lesotho					<input type="checkbox"/> Customs	
Destination Country		Namibia					<input type="checkbox"/> Tariff	
Destination Country		Swaziland					<input type="checkbox"/>	
Destination Country		Other (Please Specify)					<input type="checkbox"/>	
Sender's Reference <u>UT11589180</u>		Analysis Code					<input type="checkbox"/>	
SPECIAL INSTRUCTIONS								
Bill Charges To Account No. <input type="checkbox"/>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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)		
1								
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)				
<u>UREKA</u>				<u>WLOOL</u>				
Received: <u>0318</u>				Date Received: <u>26/03/18</u>				
Time Received: <u>1306</u>				Time Received: <u>1350</u>				
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>				
						Total Mass (Kg)		

POD COPY

26/03/18
DATE



