

CONTRACT FOR CARRIAGE / DISPATCH NOTE

DAMAGES



2	2	2	E	E	E	2	2	2



DSV Read (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT. No. 4880189685

SUBBD27440774

POD COPY

Sender's Details			Consignee's Details. Full Street Address Please							
Company Name	Le Creuset		Company Name	Le Creuset						
Street Address	Bedford Centre Shop Unit		Street Address	Unit 5 Heron Park Olive Grove Industrial Estate						
Suburb	Bedfordview		Suburb	Somerset West						
City / Town	JHB	Postal Code	2008	City / Town	Cape Town		Postal Code			
Contact	H. La		Contact	Jenna						
Phone	011 6151923		Phone	021 8517178						

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
<input checked="" type="checkbox"/> Economy
After Hours

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	(Please Specify)
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Sender's Reference	DAMAGES			Analysis Code			
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**SPECIAL INSTRUCTIONS** UTI 3660278

Bill Charges To Account No.	027766	Bill To	Sender	Consignee	Other (Name Please)
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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).

SENDER'S AUTHORISED SIGNATURE: *[Signature]* DATE: 10.07.2018

BLNS Customs Tariff	
1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

e-mail / Fax / Proof of Delivery  e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

Total Mass (Kg)

40

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)

BASTI

Date Received: 12/07/18 Time Received: 0900

Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

Date Received: 10/07/18 Time Received: 1630

Signature: *[Signature]*

