

CONTRACT FOR CARRIAGE / DISPATCH NOTE



2 2 2 E E E 2 2 2



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

SUBBD27443442

Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Company Name **LE CREUSET NICOLWAY**

Company Name **Le Creuset**

Street Address **WILLIAM NICOL DRIVE**

Street Address **Unit 5 Heron Park
Old Paardenloepi Road
Incl. Estate**

Suburb **BRYANSTON**

Suburb **Somerset West**

City / Town **JNB** Postal Code **2196**

City / Town **Cape town** Postal Code

Contact **ZANELE NGWENYA**

Contact **On-line**

Phone **011 706 2198**

Phone **021 851 7178**

Destination Country South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)

Sender's Reference **on-line-store**

Analysis Code

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To Sender Consignee Other (Name Please)

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

DATE

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)

Goods received in full without damage (unless endorsed)
 Name Of Receiver (PLEASE PRINT CLEARLY)

401anda

Received By DSV
 Name Of Courier (PLEASE PRINT CLEARLY)

del

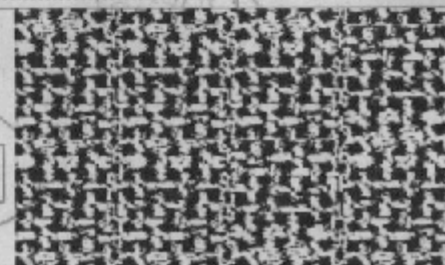
Date Received: **100818**

Time Received: **1020**

Date Received: **100818** Time Received: **1020**

Signature:

Signature:



POD COPY

Version Control (08/2017)

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Name Of Courier (PLEASE PRINT CLEARLY)

Yolanda

DSV

Date Received:

Time Received:

Date Received:

Time Received:

100818

1020

100818

1020

Signature:

Signature:

POD COPY

Version Control (09/2017)