

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. 4880189685

SUBBD27443450

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name LE CREUSET NICOLWAY		Company Name Le Creuset SA						<input type="checkbox"/> Same Day	
Street Address WILLIAM NICOL DRIVE		Street Address Unit 5 Heron Park Old Paardevlei Road Olive Grove Ind Estate						<input type="checkbox"/> Express	
Suburb BRYANSTON		Suburb Somerset West						<input type="checkbox"/> With Sunrise Option	
City / Town JNB	Postal Code 2196	City / Town Cape Town	Postal Code					<input type="checkbox"/> With Saturday Service	
Contact ZANELE NGWENYA		Contact Accounts						<input type="checkbox"/> Public Holiday Service	
Phone 011 706 2198		Phone 021 851 7178						<input checked="" type="checkbox"/> Economy	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana <input type="checkbox"/>		Lesotho <input type="checkbox"/>		<input type="checkbox"/> After Hours	
		Namibia <input type="checkbox"/>		Swaziland <input type="checkbox"/>		Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference BANKING FILE		Analysis Code						<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS								<input type="checkbox"/> 3. EFT	
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
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).									
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)	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) J BENADE					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Colley				
Date Received: 180718		Time Received: 0852			Date Received: 180718		Time Received: 1500		
Signature: [Signature]					Signature: [Signature]				

POD COPY

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