

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/D16342/07  
VAT. No. 4880189685

SUBBD27443457


Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET NICOLWAY</b>				Company Name <b>Le Creuset SA</b>				<input type="checkbox"/> Same Day	
Street Address <b>WILLIAM NICOL DRIVE</b>				Street Address <b>Unit 13, 4th Floor Avalon Tygervalley Chambers Willie van Schoor Avenue Tygervalley</b>				<input type="checkbox"/> Express	
Suburb <b>IRYANSTON</b>				Suburb <b>Tygervalley</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b>		Postal Code <b>2196</b>		City / Town <b>Cape town</b>		Postal Code <b>7530</b>		<input type="checkbox"/> With Saturday Service	
Contact <b>ZANELE NGWENYA</b>				Contact <b>Rehner</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>011 706 2198</b>				Phone <b>021 919 3179</b>				<input checked="" type="checkbox"/> Economy	
Destination Country		<input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia	
<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference				Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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).									
				<b>A</b>				<b>18/6/18</b>	
				<b>SENDER'S AUTHORISED SIGNATURE</b>				<b>DATE</b>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number									
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
<b>1</b>									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>LEANORE</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Colle</b>				
Date Received: <b>200618</b>		Time Received: <b>1245</b>		Date Received: <b>18/6/18</b>		Time Received: <b>1850</b>			
Signature: <b>[Signature]</b>					Signature: <b>[Signature]</b>				

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Version Control (09/2017)