

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. 4880189685



SUBBD27443485

2 2 2 E E E 2 2 2

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 Drive Grace Estate Old paadevlei Road						<input type="checkbox"/> Express	
Suburb: BRYANSTON		Suburb: Somerbet west						<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2196		City / Town: CPT Postal Code: _____						<input type="checkbox"/> With Saturday Service	
Contact: ZANELE NGWENYA		Contact: Jenna						<input type="checkbox"/> Public Holiday Service	
Phone: 011 706 2198		Phone: _____						<input checked="" type="checkbox"/> Economy	
Destination Country: South Africa		Destination Country: <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: UTI 0079675		Analysis Code: _____						<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To Sender <input checked="" type="checkbox"/>		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 14.4 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)	
XI		Box		_____		_____		_____	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) SIVINO					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) [Signature]				
Date Received: 25/01/18		Time Received: 0920		Date Received: 23/01/18		Time Received: 1300			
Signature: [Signature]		Signature: [Signature]		Signature: _____		Signature: _____			

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