

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. 4680189685



2 2 2 E E E 2 2 2

Transfer - La Lucia - Sugar Bowl cotton garden  
Replacements & Damages

SUBBD27502728


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name <u>Le Creuset Walmer</u>		Company Name <u>Le Creuset Warehouse</u>				<input type="checkbox"/> Same Day
Street Address <u>Shop 103 Walmer Park Shopping Centre</u>		Street Address <u>Unit 5, Heron Park Olive Grove, Industrial Estate Old Paardewei Rd</u>				
Suburb <u>Walmer</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> Express
City/Town <u>PE</u> Postal Code <u>6020</u>		City/Town <u>Cape Town</u> Postal Code <u>7130</u>				<input type="checkbox"/> With Sunrise Option
Contact <u>Rene Neufeldt</u>		Contact <u>Janna S Franci</u>				<input type="checkbox"/> With Saturday Service
Phone <u>0412 3672318</u>		Phone <u>(021) 8517178</u>				<input type="checkbox"/> Public Holiday Service
Destination Country		<input type="checkbox"/> South Africa	<input type="checkbox"/> Botswana	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Namibia	<input checked="" type="checkbox"/> Economy
		<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

**SPECIAL INSTRUCTIONS**

Bill Charges To Account No.  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 14.6, 14.6 AND 14.7 OVERLEAF).

SENDER'S AUTHORIZED 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)	Total Mass (Kg)
<u>1</u>					

Goods received in full without damage (unless endorsed) Name of Receiver (PLEASE PRINT CLEARLY) <u>BASIL</u>	Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ZAMA</u>	
Date Received: <u>070618</u>	Date Received: <u>290618</u>	
Time Received: <u>0930</u>	Time Received: <u>1315</u>	
Signature: 	Signature: 	

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