

CONTRACT FOR CARRIAGE / DISPATCH NOTE



Replacements
Transfr.
2 2 2 E E E 2 2 2



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

Replacements - ATT Franci / Jenna
Transfer - ATT Cavendish - XS Soy Beans - Cherry

SUBBD27502735

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name		Company Name <u>Le Creuset Warehouse</u>						<input type="checkbox"/> Same Day	
Street Address		Street Address <u>Unit 5, Heron Park, Olive Grove industrial Estate, Old Paardevlei Road.</u>						<input type="checkbox"/> Express	
Suburb		Suburb <u>Somerset West</u>						<input type="checkbox"/> With Sunrise Option	
City / Town		City / Town <u>Cape Town</u>		Postal Code <u>7130</u>		<input type="checkbox"/> With Saturday Service		<input checked="" type="checkbox"/> Economy X	
Contact <u>Rene Newfeldt</u>		Contact <u>Jenna / Franci</u>						<input type="checkbox"/> Public Holiday Service	
Phone <u>041 3672318</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference		Analysis Code						BLNS Customs Tariff	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To <input 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).									
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)	
1									
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>XOLANI</u>				
Date Received: <u>180618</u>		Time Received: <u>0920</u>			Date Received: <u>150618</u>		Time Received: <u>1305</u>		
Signature:					Signature:				

15/06/2018

SENDER'S AUTHORISED SIGNATURE

DATE

Total Mass (Kg)

POD COPY

Version Control (09/2017)