

CONTRACT FOR CARRIAGE / DISPATCH NOTE

Replacement + Damage

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/D16342/07
 VAT. No. 4880189685



SUBBD27555096

Sender's Details Company Name: LE CREUSET Street Address: LE CREUSET BAYWEST MALL CO. REG.: 1997/021366/07 VAT: 4160178069 Suburb: TEL: 041 004 0011 EMAIL: baywest.store.za@lecreuset.com City/Town: René Aeneeldt Contact: 041 004 0011 Phone:			Consignee's Details. Full Street Address Please Company Name: Le Creuset Warehouse Street Address: Unit 5 Horn Park olive grove Industrial Estate old Barendse Road Suburb: Somerset West City/Town: Cape Town Postal Code: 7140 Contact: Jenna + Franca Phone: 021 851 7178				Mark Service Required <input checked="" type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)			Sender's Reference: Analysis Code:				
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> 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:			SENDER'S AUTHORISED SIGNATURE: <i>[Signature]</i>		DATE: 03/04/18		
Total Parcels: 1	NO. OF PARCELS PER DIMENSIONS:	LENGTH (CM): 47	WIDTH (CM): 47	HEIGHT (CM): 53	Total Mass (Kg)		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): EIVINO Date Received: 040418 Time Received: 0910 Signature: <i>[Signature]</i>			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): ANTONY Date Received: 030418 Time Received: 1330 Signature: <i>[Signature]</i>				

POD COPY

Version Control (08/2017)