

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



SUBBD27555098

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required					
Company Name <u>Le Creuset Baywest</u>		Company Name <u>Le Creuset Garden Route</u>						<input type="checkbox"/> Same Day					
Street Address <u>Shop LG 43, N2</u>		Street Address <u>Shop 105 Garden Route</u>						<input type="checkbox"/> Express					
<u>Walker Drive extension</u>		<u>Mall, N2 Highway B</u>						<input type="checkbox"/> With Sunrise Option					
<u>Baywest</u>		<u>Krystal Road</u>						<input type="checkbox"/> With Saturday Service					
Suburb <u>Walker Drive extension</u>		Suburb <u>George</u>						<input type="checkbox"/> Public Holiday Service					
City / Town <u>Pietermaritzburg</u> Postal Code <u>6001</u>		City / Town <u>George</u> Postal Code <u>6546</u>						<input checked="" type="checkbox"/> Economy					
Contact <u>Rene</u>		Contact <u>Joselyn</u>						<input type="checkbox"/> After Hours					
Phone <u>041 004 0011</u>		Phone <u>044 004 0112</u>						BLNS Customs Tariff					
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <u>UTI 0961897</u>						Analysis Code							
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 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						3. EFT <input type="checkbox"/>	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)			
<u>1</u>				<u>44</u>		<u>36</u>		<u>4</u>		<u>1</u>			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>NADETTTE</u>						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ANTONY</u>							
Date Received: <u>02 03 18</u>		Time Received: <u>13 52</u>		Date Received: <u>02 03 18</u>		Time Received: <u>17 00</u>							
Signature: _____						Signature: <u>antony</u>							

POD COPY

Version Control (08/2017)