

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



SUBBD27555099

X3 A6 Perspex holder
2 2 2 E E E 2 2 2

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 Contact: René Newfeldt Phone: 041 004 0011		Consignee's Details. Full Street Address Please Company Name: Le Creuset Ballito Junction Street Address: Shop 244 Leonora Drive Ballito Suburb: Dolphin Coast City / Town: Durban Postal Code: 4399 Contact: Sanitha Ramdoyal Phone: 032 004 0138				Mark Service Required <input 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	
Destination Country: South Africa Botswana Lesotho Namibia Swaziland Other (Please Specify)		BLNS Customs Tariff					
Sender's Reference: UT11068836		Analysis Code					
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> 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).						1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE: DATE: 00/03/2018		Total Mass (Kg)			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM) WIDTH (CM) HEIGHT (CM)			
1		1		36 36 9			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): leho Date Received: 080318 Time Received: 1353 Signature:			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): XOLANI Date Received: 060318 Time Received: 1710 Signature:				

POD COPY

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