

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD27555123

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET LE CREUSET BAYWEST MALL Suburb CO REG.: 1997/021366/07 City / Town VAT: 4160178069 Contact TEL: 041 004 0011 EMAIL: baywest.store.za@lecreuset.com		Company Name Le creuset Warehouse Street Address Unit 5 Heron park Olive Grove Indusbean Estate, Old Paardelli Road Somerset Wld Suburb City / Town Cape Town Postal Code 7120 Contact ART LAUREN 021 851 7178 Phone				<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		Lasotho Namibia Swaziland Other (Please Specify)		Analysis Code		<input type="checkbox"/> BLNS <input type="checkbox"/> Customs <input type="checkbox"/> Tariff	
Sender's Reference UTI 968360		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.		Bill Charges To Account No. 027766		1. ONLINE <input type="checkbox"/> 3. EFT <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).		SENDER'S AUTHORISED SIGNATURE 		DATE 29/12/17		Total Mass (Kg) 7	
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number		Total Parcels NO. OF PARCELS PER DIMENSIONS 1 Box		LENGTH (CM) 46		WIDTH (CM) 32	
HEIGHT (CM) 30		Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) N. LAUREN		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) ANTONY			
Date Received: 020118		Time Received: 09:00		Date Received: 29/12/17		Time Received: 16:20	
Signature:		Signature:					

POD COPY

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