

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



SUBBD27557384

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required					
Company Name <u>LE CREUSET WALMER PARK SHOP 103</u>		Company Name <u>Le Creuset Warehouse</u>						<input type="checkbox"/> Same Day					
Street Address <u>WALMER PARK SHOPPING CENTRE WALMER PARK</u>		Street Address <u>Unit 5 HERON PARK Olive Grove Industrial Estate Old Paardevlei Road Somerset West</u>						<input type="checkbox"/> Express					
Suburb <u>PORT ELIZABETH</u>		Suburb <u>Somerset West</u>						<input type="checkbox"/> With Sunrise Option					
City / Town <u>PORT ELIZABETH</u> Postal Code <u>6070</u>		City / Town <u>Cape Town</u> Postal Code <u>7130</u>						<input type="checkbox"/> With Saturday Service					
Contact <u>RENE</u>		Contact <u>Helena</u>						<input type="checkbox"/> Public Holiday Service					
Phone <u>041 367 2318</u>		Phone <u>021 851 7178</u>						<input checked="" type="checkbox"/> Economy					
Destination Country <input type="checkbox"/> South Africa <input checked="" type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other		(Please Specify)						<input type="checkbox"/> After Hours					
Sender's Reference		Analysis Code						<input type="checkbox"/> BLNS Customs Tariff					
<b>SPECIAL INSTRUCTIONS</b>													
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>						<input type="checkbox"/> 1. ONLINE					
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							
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>ELVIMO</u>								Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>2AMA</u>					
Date Received: <u>200218</u>				Time Received: <u>0858</u>				Date Received: <u>190218</u>				Time Received: <u>1618</u>	
Signature: <u>[Signature]</u>								Signature: <u>[Signature]</u>					

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Version Control (08/2017)

