

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



SUBBD27557385

2 2 2 E E E 2 2 2
Replacement
9
Damages

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: LE CREUSET WALMER PARK SHDP 103		Company Name: Le Creuset Warehouse						<input type="checkbox"/> Same Day	
Street Address: WALMER PARK SHOPPING CENTRE WALMER PARK		Street Address: Unit 5, Heron Park Olive Grove Industrial Estate, Old Paardeveldi Rd Somerset West						<input type="checkbox"/> Express	
Suburb: PORT ELIZABETH 6070		Suburb: Somerset West						<input type="checkbox"/> With Sunrise Option	
City/Town: PORT ELIZABETH Postal Code: RENE		City/Town: CAPE TOWN Postal Code: 7130						<input type="checkbox"/> With Saturday Service	
Contact: RENE		Contact: Jemma Francis						<input type="checkbox"/> Public Holiday Service	
Phone: 041 367 2318		Phone: (021) 851 7178						<input checked="" type="checkbox"/> Economy	
Destination Country: South Africa		Analysis Code: (Please Specify)						<input type="checkbox"/> After Hours	
Sender's Reference:		Analysis Code:						BLNS Customs Tariff	
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) 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 14.3 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)	
[Handwritten: 1]									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) ELV / NO					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) ZAMK				
Date Received: 050318					Date Received: 010318				
Time Received: 1025					Time Received: 1545				
Signature: [Handwritten]					Signature: [Handwritten]				

POD COPY

Version Control: 08/2017

01
28/03/2018

Total Mass (Kg)