

CONTRACT FOR CARRIAGE / DISPATCH NOTE

CLARICE BANKING FILE  
222EEE222



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



SUBBD27557387


<b>Sender's Details</b>		<b>Consignee's Details. Full Street Address Please</b>				<b>Mark Service Required</b>	
Company Name <b>LE CREUSET WALMER PARK SHOP 103</b>		Company Name <b>Le CREUSET Warehouse</b>				<input type="checkbox"/> Same Day	
Street Address <b>WALMER PARK SHOPPING CENTRE WALMER PARK</b>		Street Address <b>Unit 5, Olive Grove, Heron Park, Industrial Estate Old Paardevlei Road</b>				<input checked="" type="checkbox"/> Express	
Suburb <b>PORT ELIZABE 6070</b>		Suburb <b>Somerset West</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>PORT ELIZABE</b> Postal Code <b>6070</b>		City / Town <b>Cape Town</b> Postal Code <b>7130</b>				<input type="checkbox"/> With Saturday Service	
Contact <b>RENE</b>		Contact <b>Clarice Brown</b>				<input type="checkbox"/> Public Holiday Service	
Phone <b>041 367 2318</b>		Phone <b>021 851 7178</b>				<input type="checkbox"/> Economy	
Destination Country		South Africa		Botswana		Lesotho	
		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
Bill Charges To Account No. <b>027766</b>		Bill To <input type="checkbox"/> Sender		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, 14.9 AND 14.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>	
1							
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <b>J B ENADE</b>				Name Of Courier (PLEASE PRINT CLEARLY) <b>ZAMA</b>			
Date Received: <b>05 03 18</b>		Time Received: <b>10 05</b>		Date Received: <b>07 02 18</b>		Time Received: <b>15 41</b>	
Signature: <i>J Enade</i>				Signature: <i>[Signature]</i>			

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Version Control (09/2017)