

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2

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



SUBBD27574512

ATT LAUREN

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Le creuset Killarney</u>		Company Name <u>Le creuset SA</u>				<input type="checkbox"/> Same Day	
Street Address <u>Enop 100</u>		Street Address <u>Unit 5, Heron Park</u>				<input type="checkbox"/> Express	
<u>Killarney mall</u>		<u>Old Grove Industrial Estate</u>				<input type="checkbox"/> With Sunrise Option	
<u>60 Riviera Road</u>		<u>Old Paardeylei Rd</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Killarney</u>		Suburb <u>Somerset west</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>JHB</u> Postal Code <u>2193</u>		City / Town <u>Cape town</u> Postal Code <u>7178</u>				<input checked="" type="checkbox"/> Economy	
Contact <u>Ntshona</u>		Contact <u>Lauren</u>				<input type="checkbox"/> After Hours	
Phone <u>011 646 6316</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country <input type="checkbox"/> South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)							
Sender's Reference <u>UT10468600</u>		Analysis Code					
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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).							
				<u>Ntshona</u>		<u>08.02.2018</u>	
				SENDER'S AUTHORISED SIGNATURE		DATE	
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)	
<u>1</u>		<u>1 BOX</u>					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>ELUINO</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>JOE</u>			
Date Received: <u>12 02 18</u>		Time Received: <u>1040</u>		Date Received: <u>08 02 18</u>		Time Received: <u>1535</u>	
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>			

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Version Control (08/2017)

