

**CONTRACT FOR CARRIAGE / DISPATCH NOTE**

DSV Road (Pty) Ltd  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0051  
 Tel (012) 673-2000  
 Reg. No. 2000/016342/07  
 VAT No. 4880189685



SUBBD27574533

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file

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>Shop 100 Killarney Mall</u>		Street Address <u>Unit 5, Uxan Park Olive Grove, Industrial estate</u>				<input checked="" type="checkbox"/> Express	
Suburb <u>Killarney</u>		Suburb <u>Somerset West</u>				<input type="checkbox"/> With Sunrise Option	
City/Town <u>JHB</u> Postal Code <u>2198</u>		City/Town <u>Cape town</u> Postal Code <u>7130</u>				<input type="checkbox"/> With Saturday Service	
Contact <u>Zama</u>		Contact <u>VICKY</u>				<input type="checkbox"/> Public Holiday Service	
Phone <u>011 646 6316</u>		Phone <u>021 851 7178</u>				<input type="checkbox"/> Economy	
Destination Country		South Africa <input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify)				<input type="checkbox"/> After Hours	
Sender's Reference <u>UT11711024</u>		Analysis Code				BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>							
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).							
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		1 FLYER					
<b>Goods received in full without damage (unless endorsed)</b>				<b>Received By DSV</b>			
Name Of Receiver (PLEASE PRINT CLEARLY) <u>J BENADE</u>				Name Of Courier (PLEASE PRINT CLEARLY) <u>SO</u>			
Date Received: <u>040418</u>		Time Received: <u>0926</u>		Date Received: <u>030418</u>		Time Received: <u>1730</u>	
Signature: <u>Benades</u>				Signature: <u>[Signature]</u>			
						Total Mass (Kg)	

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Version Control (08/2017)

