

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. 4830189685



SUBBD27574548

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name Le Creuset Killarney		Company Name Le Creuset				<input type="checkbox"/> Same Day	
Street Address Shop 100 Killarney Mall Riviera Road Killarney JHB		Street Address Shop 4339 Sandton City 5th and Rivonia Street Sandton JHB				<input type="checkbox"/> Express	
Suburb		Suburb Sandton				<input type="checkbox"/> With Sunrise Option	
City/Town Killarney Postal Code 2193		City/Town Sandton Postal Code 2196				<input type="checkbox"/> With Saturday Service	
Contact Natacho		Contact Karabo				<input checked="" type="checkbox"/> Scissors	
Phone 011 646 6316		Phone (011) 784 0301				<input type="checkbox"/> After Hours	
Destination Country		South Africa		Botswana		BLNS Customs Tariff	
Sender's Reference UT11949926		Lesotho		Namibia		<input type="checkbox"/> 1 ONLINE	
Analysis Code		Swaziland		Other (Please Specify)		<input type="checkbox"/> 3. EFT	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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					
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Zanele				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Joh			
Date Received: 160418		Time Received: 1107		Date Received: 130418		Time Received: 1645	
Signature:				Signature: [Signature]			
						Total Mass (Kg)	

POD COPY

Version Control (08/2017)

