

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD27648302

uti 3141 SSS

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET HOBART GROVE		Company Name Le Creuset Head Office				<input type="checkbox"/> Same Day	
Street Address SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address Unit 5 Heron Park Olve Grove Old Paarde Vlei Road Industrial Estate				<input type="checkbox"/> Express	
Suburb BRYANSTON		Suburb Somerset West				<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2021		City / Town Cape town		Postal Code 8001		<input type="checkbox"/> With Saturday Service	
Contact SEVARIAN		Contact Vicky				<input type="checkbox"/> Public Holiday Service	
Phone 011 568 4708		Phone 021 851 7178				<input type="checkbox"/> Economy	
Destination Country <input checked="" 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)				<input type="checkbox"/> After Hours	
Sender's Reference MID MONTH FILE		Analysis Code				<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" 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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)							
1							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) Madeline				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) SILAS			
Date Received: 200618		Time Received: 0909		Date Received: 180618		Time Received: 1635	
Signature:				Signature:			

POD COPY

Version Control (08/2017)

Total Mass (Kg)

