

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. 4860199685



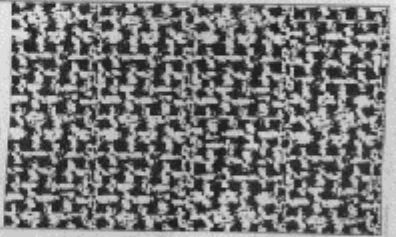
SUBBD27648311

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S/steel Source pan

Sender's Details Company Name: LE CREUSET HOBART GROVE Street Address: SHOP G1 CNR HOBART & GROSVENOR ROAD Suburb: BRVANSTON City/Town: JNB Posts Code: 2021 Contact: SEVARIAN Phone: 011 568 4708		Consignee's Details. Full Street Address Please Company Name: Le Creuset Sandton Street Address: Shop L339 Sandton City Shopping Centre 5th and Rivonia Street Suburb: Sandton City/Town: JNB Postal Code: 2196 Contact: Karabo Phone: 011 784 0301		Mark Service Required <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff
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)		Sender's Reference: U+13213016 Analysis Code:		
SPECIAL INSTRUCTIONS Bill Charges To Account No. 027766 Bill To Sender <input checked="" type="checkbox"/> 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 14.8 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, 4.5 AND 14.7 OVERLEAF).				
SENDER'S AUTHORISED SIGNATURE: _____ DATE: 21/06/18		Total Mass (Kg)		
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): _____		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): Savannah Date Received: 220618 Time Received: 01:00 Signature: _____		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): Mpho Date Received: 210618 Time Received: 16:10 Signature: _____		

POD COPY



Version Control: [30/2017]

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0051
Tel (012) 573 2000
Fax No. 2000/016342/07
VAT No. 4880189985



SUBBD27648311

S/steel Sauerpan
Sender's Details

Consignee's Details. Full Street Address Please

Mark Service Required

Same Day

Express

With Sunrise Option

With Saturday Service

Public Holiday Service

Economy

After Hours

BLNS
Customs
Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

Company Name: **LE CREUSET HOBART GROVE**
Street Address: **SHOP G1
CNR HOBART &
GROSVENOR ROAD**
Suburb: **DRYANSTON**
City/Town: **JNB** Postal Code: **2021**
Contact: **SEVARIAN**
Phone: **011 568 4708**

Company Name: **Le Creuset Sandton**
Street Address: **Shop L339
Sandton City Shopping Centre
5th and Rivonia Street**
Suburb: **Sandton**
City/Town: **JHB** Postal Code: **2196**
Contact: **Karabo**
Phone: **011 784 0301**

Destination Country: South Africa, Botswana, Lesotho, Namibia, Swaziland, Other (Please Specify)
Sender's Reference: **U+13213016** Analysis Code: **1**

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766** Bill To Sender Consignee Other (Name Please)
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 14.6 AND 14.7 OVERLEAF).

SENDER'S AUTHORISED SIGNATURE

DATE

21/06/18

Total Parcels: e-mail / Fax / Proof of Delivery e-mail Address / Fax Number
NO. OF PARCELS PER DIMENSIONS: LENGTH (CM) WIDTH (CM) HEIGHT (CM)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY): **Savannah**
Date Received: **220618** Time Received: **01:00**
Signature: *[Signature]*

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY): **Mpho**
Date Received: **210618** Time Received: **16:10**
Signature: *[Signature]*

POD COPY

Version Control (09/2017)