

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. 4860189665



SUBBD27648317

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 HOBART GROVE		Company Name: LE CREUSET KILLARNEY				<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"/> Economical <input type="checkbox"/> After Hours BLNS Customs Tariff <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
Street Address: SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address: SHOP 100, KILLARNEY MALL RIVERA ROAD				
Suburb: DRYANSTON		Suburb: KILLARNEY				
City/Town: JNB Postal Code: 2021		City/Town: JOHANNESBURG Postal Code: 2193				
Contact: SEVARIAN		Contact: FURIDI				
Phone: 011 568 4708		Phone: 011 646 6316				
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		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 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 14.6 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). SHe 27/6/2018 SENDER'S AUTHORISED SIGNATURE DATE						
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				Total Mass (Kg)
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) Boitumele			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) SILAS			
Date Received: 28 06 18		Time Received: 09:35		Date Received: 27 06 18		
Signature: MA		Signature: [Signature]				

POD COPY

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