

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. 4880189685



SUBBD27648329

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						<input type="checkbox"/> Same Day			
Street Address SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address UNIT 5, HERON PARK OLIVE GROVE INDUSTRIAL ESTATE OLD PAARDEVELD ROAD SOMERSET WEST						<input checked="" 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 7129						<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		Analysis Code						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"/>		1. ONLINE <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 14.5 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 AUTHORIZED SIGNATURE <i>Sfe</i>						DATE 02/07/2018		3. EFT <input type="checkbox"/>			
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)			
/											
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LIZELLE				Received By DSV Name Of Counter (PLEASE PRINT CLEARLY) <i>[Signature]</i>				[Barcode]			
Date Received: 030718		Time Received: 0914		Date Received: 020718		Time Received: 1545					
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>							

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