

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. 4380189685

SUBBD27648336

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 OLIVE OLIVE GROVE INDUSTRIAL THE INTERCHANGE					<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 HELENA					<input type="checkbox"/> Public Holiday Service
Phone 011 568 4708		Phone 021 851 7178					<input checked="" 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					<input type="checkbox"/> BLNS Customs Tariff

POD COPY

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)

[Signature] **05/07/18**
SENDER'S AUTHORISED SIGNATURE DATE

1. ONLINE

3. EFT

e-mail / Fax / Proof of Delivery e-mail Address / Fax Number

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1				

Total Mass (Kg)

Goods received in full without damage (unless endorsed)
Name Of Receiver (PLEASE PRINT CLEARLY) **BASIL**

Date Received: **090718** Time Received: **0907**

Signature: **[Signature]**

Received By DSV
Name Of Courier (PLEASE PRINT CLEARLY) **S. CLAS**

Date Received: **050718** Time Received: **1540**

Signature: **[Signature]**

