

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reach 0051
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT No. 4880189685



SUBBD27648351

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: LE CREUSET HOBART GROVE		Company Name: E CREUSET NIKOLWAY SHOP L 21 NIKOLWAY SHOPPING CENTRE WILLIAM DAVID DRIVE				<input type="checkbox"/> Same Day	
Street Address: SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address: WILLIAM DAVID DRIVE				<input type="checkbox"/> Express	
Suburb: BRYANSTON		Suburb: BRYANSTON				<input type="checkbox"/> With Sunrise Option	
City / Town: JNB Postal Code: 2021		City / Town: JOHANNESBURG Postal Code: 2191				<input type="checkbox"/> With Saturday Service	
Contact: SEVARIAN		Contact: ZANELE				<input type="checkbox"/> Public Holiday Service	
Phone: 011 568 4708		Phone: 011 706 2198				<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		Destination Country: <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"/>	
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).							
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)	
1							
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY): ZANELE				Name Of Consignor (PLEASE PRINT CLEARLY): S. J. ...			
Date Received: 180618		Time Received: 1051		Date Received: 150718		Time Received: 1300	
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			

POD COPY

1. ONLINE

3. EFT

[Signature] 15/6/2018

Total Mass (Kg)

