

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



SUBBD27648354

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POD COPY

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET HOBART GROVE		Company Name LE CREUSET BEDFORD				<input type="checkbox"/> Same Day	
Street Address SHOP G1 CNR HOBART & GROSVENOR ROAD		Street Address SHOP U17, BEDFORDVIEW CENTRE CNR SMITH AND DER LINDE STREETS				<input type="checkbox"/> Express	
Suburb DRYANSTON		Suburb BEDFORDVIEW				<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2021		City / Town JOHANNESBURG Postal Code 2008				<input type="checkbox"/> With Saturday Service	
Contact SEVARIAN		Contact NATASHA				<input type="checkbox"/> Public Holiday Service	
Phone 011 568 4708		Phone 011 615 1923				<input checked="" type="checkbox"/> Economy	
Destination Country		Destination Country				<input type="checkbox"/> After hours	
<input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana				<input type="checkbox"/> BLNS Customs Tariff	
<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia				<input type="checkbox"/> BLNS Customs Tariff	
<input type="checkbox"/> Swaziland		<input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> BLNS Customs Tariff	
Sender's Reference		Analysis Code				1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input 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 14.5 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).							
				<i>[Signature]</i>		14/06/2018	
				SENDER'S AUTHORISED SIGNATURE		DATE	
e-mail / Fax / Proof of Delivery		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) M/LA				Name Of Courier (PLEASE PRINT CLEARLY) SILAS			
Date Received: 15 06 18				Date Received: 14 06 18			
Time Received: 12 20				Time Received: 12 15			
Signature: <i>[Signature]</i>				Signature: <i>[Signature]</i>			
Total Mass (Kg)							

