

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. 4880189685

SUBBD27650809

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET				Company Name Le creuset H.o				<input type="checkbox"/> Same Day	
Street Address CNR KLIPRIVIER DRIVE & SWARTKOPPIES RD- SHOP G062				Street Address Unit 5 Heron Park Olive Grove Business Park Old Paarde Vlei Road Somerset West				<input type="checkbox"/> Express	
Suburb ASPEN HILLS				Suburb Somerset West				<input type="checkbox"/> With Sunrise Option	
City / Town JNB		Postal Code 2013		City / Town Cape Town		Postal Code 8001		<input type="checkbox"/> With Saturday Service	
Contact LULO NONOISE				Contact Carmen				<input type="checkbox"/> Public Holiday Service	
Phone 010 500 0223				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		<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		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		3. EFT <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).									
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)		HEIGHT (CM)	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LAUREN					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) WSC AR				
Date Received: 270618		Time Received: 0930		Date Received: 25-06-2018		Time Received: 1400		Total Mass (Kg)	
Signature: <i>[Signature]</i>					Signature: <i>[Signature]</i>				

POD COPY

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