

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



SUBBD27862139

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		Company Name LE CREUSET				<input type="checkbox"/> Same Day	
Street Address SHOP G 158		Street Address UNITS 5 HERON PARK				<input checked="" type="checkbox"/> Express	
1 PALM BOULEVARD		OLIVE GROVE INDUSTRIAL ESTATE				<input type="checkbox"/> With Sunrise Option	
UMHLANGA RIDGE		OLD PAARDEVELEI ROAD				<input type="checkbox"/> With Saturday Service	
Suburb NEW TOWN CENTRE Umhlanga		Suburb SOMERSET WEST				<input type="checkbox"/> Public Holiday Service	
City / Town DURBAN Postal Code 4000		City / Town CAPE TOWN		Postal Code 7129		<input checked="" type="checkbox"/> Economy	
Contact MILENA		Contact 021 218 51 7178 LISA				<input type="checkbox"/> After Hours	
Phone 031 100 12 39		Phone				BLNS Customs Tariff	
Destination Country South Africa		<input type="checkbox"/> Botswana <input type="checkbox"/> Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				1. ONLINE <input type="checkbox"/>	
Sender's Reference UTI 9646544		Analysis Code				3. EFT <input checked="" type="checkbox"/>	
SPECIAL INSTRUCTIONS							
Bill Charges To Account No.		Bill To <input type="checkbox"/> Sender		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).							
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		1 X FLAYER					
Goods received in full without damage (unless endorsed)				Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)				Name Of Courier (PLEASE PRINT CLEARLY)			
LISA				SBON EIO			
Date Received:		Time Received:		Date Received:		Time Received:	
040118		0845		030118		1444	
Signature: debeer				Signature: ASBON			

POD COPY

Version Control (08/2017)

