

CONTRACT FOR CARRIAGE / DISPATCH NOTE

2 2 2 E E E 2 2 2



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



SUBBD27985587

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required			
Company Name	Le creuset	Company Name	Le creuset						<input type="checkbox"/>		
Street Address	Shopping Centre	Street Address	Unit 5 Heron Park						<input type="checkbox"/>		
	Sandton City		4th Floor Park Road						<input type="checkbox"/>		
	Shop 4339		Business Park						<input type="checkbox"/>		
	Sandhurst	Suburb	Somerset West						<input type="checkbox"/>		
City / Town	SHB	City / Town	Cape Town			Postal Code				<input type="checkbox"/>	
Contact	Karabo	Contact	Jenna						<input type="checkbox"/>		
Phone	011 784 - 0301	Phone	021 8517178						<input type="checkbox"/>		
Destination Country	South Africa	Lesotho		Namibia	Swaziland	Other		<input type="checkbox"/>			
Sender's Reference	UTJ0971382		Analysis Code						<input type="checkbox"/>		
SPECIAL INSTRUCTIONS											
Bill Charges To Account No.	027766		Bill To Sender	<input type="checkbox"/>	Consignee	<input type="checkbox"/>	Other (Name Please)	<input type="checkbox"/>	<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)		Total Mass (Kg)					
1	Not										
Goods received in full without damage (unless endorsed)						Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)						Name Of Courier (PLEASE PRINT CLEARLY)					
ELVINO						Frank					
Date Received:			Time Received:			Date Received:		Time Received:			
050318			1025			020318		1440			
Signature:						Signature:					

POD COPY

Version Control (08/2017)