

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



SUBBD27985604

2 2 2 E E E 2 2 2

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>LE-CREUSET</u>		Company Name <u>LE-CREUSET</u>						<input type="checkbox"/> Same Day	
Street Address <u>SANDTON CITY SHOPPING CENTRE</u>		Street Address <u>UNIT 5 HERON PARK</u>						<input type="checkbox"/> Express	
<u>158 5th STREET</u>		<u>INDUSTRIAL ESTATE</u>						<input type="checkbox"/> With Sunrise Option	
<u>SHOP L339</u>		<u>OLD PARADISE ROAD</u>						<input type="checkbox"/> With Saturday Service	
Suburb <u>SANDHURST</u>		Suburb <u>SOMERSET WEST</u>						<input checked="" type="checkbox"/> Economy	
City / Town <u>JHB</u> Postal Code <u>2196</u>		City / Town <u>CAPE TOWN</u> Postal Code _____						<input type="checkbox"/> After Hours	
Contact <u>KARAO</u>		Contact <u>FRANCO</u>						BLNS Customs Tariff	
Phone <u>011 784 0301</u>		Phone <u>021 851 7178</u>							
Destination Country <u>South Africa</u>		Botswana		Lesotho		Namibia		Swaziland	
Other (Please Specify)									
Sender's Reference		Analysis Code							
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <u>027766</u>		Bill To <input type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <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)		HEIGHT (CM)	
<u>1</u>		<u>Box</u>							
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<u>GRWINE</u>					<u>Graine</u>				
Date Received:					Date Received:				
<u>190318</u>					<u>150318</u>				
Time Received:					Time Received:				
<u>0945</u>					<u>1410</u>				
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

POD COPY

Version Control (08/2017)

15/03/18
DATE

Total Mass (Kg)

