

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

SUBBD28131456


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>Shop 312 E</u>				Street Address <u>Unit 1; Heron Park</u>				<input type="checkbox"/> Express	
<u>Centurion Mall</u>				<u>Olive Grove Industrial Estate</u>				<input type="checkbox"/> With Sunrise Option	
<u>Heunel Avenue</u>				<u>Old Paarldevlei road</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Centurion</u>				Suburb <u>Somerset - West</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>Pretoria</u>		Postal Code <u>0157</u>		City / Town <u>Cape Town</u>		Postal Code <u>8001</u>		<input checked="" type="checkbox"/> Economy <input checked="" type="checkbox"/>	
Contact <u>Eureka</u>				Contact <u>Jasmin</u>				<input type="checkbox"/> After Hours	
Phone <u>012 004 0217</u>				Phone <u>021 851 2178</u>				BLNS Customs Tariff	
Destination Country		South Africa <u>830</u>		Lesotho		Namibia		Swaziland	
		Botswana		Other (Please Specify)					
Sender's Reference <u>XL THERMOMETER</u>				Analysis Code				1. ONLINE <input type="checkbox"/>	
<b>SPECIAL INSTRUCTIONS</b>								3. EFT <input type="checkbox"/>	
Bill Charges To Account No. <u>027766</u>		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		Total Mass (Kg)	
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>Flyer</u>		<u>1126</u>		<u>1126</u>		<u>22/06/2018</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>RIASIL</u>					<u>Eureka</u>				
Date Received:		Time Received:			Date Received:		Time Received:		
<u>250618</u>		<u>1038</u>			<u>220618</u>		<u>1520</u>		
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

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Version Control (08/2017)