

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



SUBBD28186113

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <u>Le Creuset CENTURION</u>		Company Name <u>LE GEO CREUSET</u>						<input type="checkbox"/> Same Day	
Street Address <u>SHOP 312 E CENTURION MALL</u>		Street Address <u>UNIT 1 HERON PARK, OLIVE GROVE</u>						<input type="checkbox"/> Express	
<u>HEUNEL AVE & GORDAN HOOD ROAD</u>		<u>INDUSTRIAL OLD BAARDEWELI ROAD</u>						<input type="checkbox"/> With Sunrise Option	
<u>CENTURION MALL</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	
Contact <u>EUREKA</u>		Contact <u>CARMEN</u>						<input type="checkbox"/> After Hours	
Phone <u>012 004 0217</u>		Phone <u>021 851 7178</u>						BLNS Customs Tariff	
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)					
Sender's Reference <u>REDICUBES</u>		Analysis Code						1. ONLINE <input type="checkbox"/>	
SPECIAL INSTRUCTIONS Bill Charges To Account No. <u>027766</u> Bill To <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <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>CARMEN</u>					<u>SECRET</u>				
Date Received:		Time Received:			Date Received:		Time Received:		
<u>130718</u>		<u>0938</u>			<u>110718</u>		<u>1535</u>		
Signature: <u>[Signature]</u>					Signature: <u>[Signature]</u>				

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Version Control (08/2017)

