

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



SUBBD28212345

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 BRYANSTON		Company Name Le Creuset Gateway						<input type="checkbox"/> Same Day	
Street Address SHOP G1 CNR HOBART & GROSVENOR ROADS		Street Address Gateway Theatre of Shopping Shop E158 NO Palm Boulevard Umhlanga Ridge Newtown Centre Umhlanga						<input type="checkbox"/> Express	
Suburb BRYANSTON		Suburb Umhlanga						<input type="checkbox"/> With Sunrise Option	
City / Town JNB Postal Code 2021		City / Town [Redacted] Postal Code 4320						<input type="checkbox"/> With Saturday Service	
Contact SEVARIAN Phone 011 568 4708		Contact Casimela Phone 031 100 1239						<input type="checkbox"/> Public Holiday Service	
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)								<input type="checkbox"/> Economy	
Sender's Reference		Analysis Code						<input type="checkbox"/> After Hours	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)							
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)	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) NATASJA					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Silva				
Date Received: 18 07 18		Time Received: 12 34			Date Received: 17 07 18		Time Received: 16 00		
Signature:					Signature:				

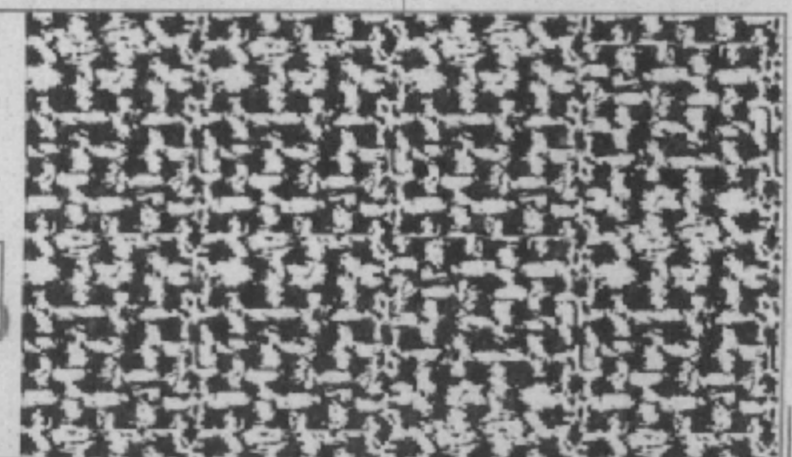
BLNS
Customs
Tariff

1. ONLINE

3. EFT

Total Mass (Kg)

SEVARIAN 17/07/2018
SENDER'S AUTHORISED SIGNATURE DATE



POD COPY