

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. 4880189585



SUBBD28212348

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>LE CHEUSET BRYANSTON</b>		Company Name <b>LE CHEUSET CENTURION</b>						<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>SHOP 312E CENTURION MALL HEUNEL AVENUE CENTURION</b>						<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b>CENTURION</b>						<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b> Postal Code <b>2021</b>		City / Town <b>PRETORIA</b> Postal Code <b>0157</b>						<input type="checkbox"/> With Saturday Service	
Contact <b>SEVARIAN</b>		Contact <b>EUREKA</b>						<input type="checkbox"/> Public Holiday Service	
Phone <b>011 568 4708</b>		Phone <b>012 006 0217</b>						<input checked="" type="checkbox"/> Economy	
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"/> After Hours	
Sender's Reference		Analysis Code						BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. <b>027766</b>		Bill To Sender <input checked="" type="checkbox"/>		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 14.6 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 14.6, 14.8 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) <b>Lea</b>					Received By DSV Name Of Carrier (PLEASE PRINT CLEARLY) <b>g/lan</b>				
Date Received: <b>04 07 18</b>					Date Received: <b>23 07 18</b>				
Time Received: <b>10 51</b>					Time Received: <b>15 20</b>				
Signature <i>[Signature]</i>					Signature <i>[Signature]</i>				

POD COPY

*[Signature]* 23/7/2018  
 SENDER'S AUTHORISED SIGNATURE DATE

Total Mass (Kg)

Version Control (08/2017)

