

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd  
t/a DSV Distribution  
PO Box 53, The Reeds 0061  
Tel (012) 673-2000  
Reg. No. 2000/016342/07  
VAT No. 4380109685



SUBBD28212375

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Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET BRYANSTON</b>		Company Name <b>Le Creuset Nicolway</b>				<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1 CNR HOBART &amp; GROSVENOR ROADS</b>		Street Address <b>Shop L01 Nicolway Shopping Centre William Nicol Drive 11 J</b>				<input type="checkbox"/> Express	
Suburb <b>BRYANSTON</b>		Suburb <b>Bryanston</b>				<input type="checkbox"/> With Sunrise Option	
City / Town <b>JNB</b> Postal Code <b>2021</b>		City / Town <b>Johannesburg</b> Postal Code				<input type="checkbox"/> With Saturday Service	
Contact <b>SEVARIAN</b>		Contact <b>Zanele</b>				<input checked="" type="checkbox"/> Public Holiday Service	
Phone <b>011 568 4708</b>		Phone <b>011 706 2198</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 <b>UT14041591</b>		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"/>	
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 14.6, 14.6 AND 14.7 OVERLEAF).							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>				e-mail Address / Fax Number			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>	<b>LENGTH (CM)</b>	<b>WIDTH (CM)</b>	<b>HEIGHT (CM)</b>	<b>Total Mass (Kg)</b>	
1							
<b>Goods received in full without damage (unless endorsed)</b> Name Of Receiver (PLEASE PRINT CLEARLY) <b>POREIA</b>				<b>Received By DSV</b> Name Of Courier (PLEASE PRINT CLEARLY) <b>MPL</b>			
Date Received: <b>01/08/18</b>		Time Received: <b>14:15</b>		Date Received: <b>31/07/18</b>		Time Received: <b>15:30</b>	
Signature: <b>Proka</b>				Signature: <b>[Signature]</b>			

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Version Control (08-2007)

