

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



SUBBD28235364

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 ROSEBANK		Company Name: LE CREUSET HEAD OFFICE						<input type="checkbox"/> Same Day	
Street Address: SHOP 202A ROSEBANK MALL		Street Address: UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL EST						<input type="checkbox"/> Express	
Suburb: BATH AVENUE		Suburb: SOMERSET WEST						<input type="checkbox"/> With Sunrise Option	
City / Town: TNB Postal Code: 2196		City / Town: CAPE TOWN Postal Code: _____						<input type="checkbox"/> With Saturday Service	
Contact: ELLEN		Contact: FRANCI						<input type="checkbox"/> Public Holiday Service	
Phone: 011 568 4754		Phone: 021 851 7178						<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	
Other: _____ (Please Specify)		Analysis Code: _____		Analysis Code: _____		Analysis Code: _____		Analysis Code: _____	
Sender's Reference: U112305123		Analysis Code: _____		Analysis Code: _____		Analysis Code: _____		Analysis Code: _____	
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <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)	
1									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
CIVINO					DHL				
Date Received: 070518					Date Received: 040818				
Time Received: 0940					Time Received: 154				
Signature:					Signature:				

BLNS Customs Tariff	
1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

Total Mass (Kg)

POD COPY

Version Control (08/2017)