

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



SUBBD28235408

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| Sender's Details | | Consignee's Details. Full Street Address Please | | | | Mark Service Required | |
|---|--|---|--|--|--|---|--|
| Company Name: LE CREUSET ROSEBANK | | Company Name: LE CREUSET ROAD OFFICE | | | | <input type="checkbox"/> Same Day | |
| Street Address: SHOP 202A ROSEBANK MALL | | Street Address: UNIT 5 MORON PARK OLING GROVE INDUSTRIAL ESTATE | | | | <input type="checkbox"/> Express | |
| Suburb: BATH AVENUE | | Suburb: SUNSET WEST | | | | <input type="checkbox"/> With Sunrise Option | |
| City/Town: JNB Postal Code: 2196 | | City/Town: CAPE TOWN Postal Code: 021 751 7178 | | | | <input type="checkbox"/> With Saturday Service | |
| Contact: ELLEN | | Contact: LAUREN | | | | <input type="checkbox"/> Public Holiday Service | |
| Phone: 011 568 4754 | | Phone: 021 751 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 <input type="checkbox"/> Other | | Analysis Code | | | | <input type="checkbox"/> After Hours | |
| Sender's Reference | | | | | | BLNS Customs Tariff | |
| 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) <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) | |
| | | | | | | | |
| | | | | | | | |
| Goods received in full without damage (unless endorsed) | | | | Received By DSV | | | |
| Name Of Receiver (PLEASE PRINT CLEARLY) ELWINE | | | | Name Of Courier (PLEASE PRINT CLEARLY) BUHISANI | | | |
| Date Received: 050318 | | | | Date Received: 010318 | | | |
| Time Received: 1025 | | | | Time Received: 1400 | | | |
| Signature: | | | | Signature: | | | |
| | | | | | | Total Mass (Kg) | |

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