

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



SUBBD27502763

2 2 2 E E E 2 2 2

Sorbet
Props G
Grant footed
Ice Cup
SUBH T13567255

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <u>Shop 103</u>				Company Name <u>Le-Creuset Warehouse</u>				<input type="checkbox"/> Same Day	
Street Address <u>Le Creuset Walmer</u>				Street Address <u>Unit 5, Heron Park</u>				<input type="checkbox"/> Express	
<u>Shop 103 Walmer</u>				<u>Olive Crae, Industrial Estate,</u>				<input type="checkbox"/> With Sunrise Option	
<u>Shopping Centre</u>				<u>Ad Paardevlei Rd</u>				<input type="checkbox"/> With Saturday Service	
Suburb <u>Walmer</u>				Suburb <u>Somerset West</u>				<input type="checkbox"/> Public Holiday Service	
City / Town <u>P.E</u>		Postal Code <u>6001</u>		City / Town <u>Cape Town</u>		Postal Code <u>7100</u>		<input checked="" type="checkbox"/> Economy	
Contact <u>Bene</u>				Contact <u>Franci</u>				<input type="checkbox"/> After Hours	
Phone <u>(041) 3672318</u>				Phone <u>(021) 8517178</u>				<input type="checkbox"/> BLNS Customs Tariff	
Destination Country		South Africa		Botswana		Lesotho		Namibia	
								Swaziland	
								Other (Please Specify)	
Sender's Reference <u>UIJSA44580</u>				Analysis Code					
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. <input type="checkbox"/>				Bill To <input 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 14.5 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)	
<u>2</u>									
<div> <div> Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <u>8A&IL</u> </div> <div> Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>ZAMA</u> </div> </div> <div> <div> Date Received: <u>12/11/18</u> </div> <div> Time Received: <u>10:20</u> </div> </div> <div> <div> Date Received: <u>09/11/18</u> </div> <div> Time Received: <u>18:30</u> </div> </div> <div> <div>Signature:</div> <div>Signature:</div> </div>									