

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



SUBBD27826379

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Sender's Details

Company Name: **LE CREUSET**

Street Address: **SHOP 6197
V & A WATERFRONT
VICTORIA WHARF CENTRE**

Suburb: _____

City / Town: **CAPE TOWN** Postal Code: **8001**

Contact: **CINDY**

Phone: **021 421 8521**

Destination Country: ☒ South Africa ☐ Botswana ☐ Lesotho ☐ Namibia ☐ Swaziland ☐ Other (Please Specify)

Analysis Code: _____

Sender's Reference: _____

Consignee's Details. Full Street Address Please

Company Name: **Le Creuset**

Street Address: **Unit 5 Heron Park
Olive Grove Business Park
Old Paardevlei Road
Somerset West**

Suburb: _____

City / Town: **CPT** Postal Code: **7180**

Contact: **Lauren**

Phone: **081 851 7178**

Lesotho ☐ Namibia ☐ Swaziland ☐ Other ☐ (Please Specify)

Mark Service Required

☐ Same Day

☐ Express

☐ With Sunrise Option

☐ With Saturday Service

☐ Public Holiday Service

☐ Economy

☐ After Hours

☒ BLNS Customs Tariff

SPECIAL INSTRUCTIONS

Bill Charges To Account No. **027766**

Bill To ☐ Sender ☐ Consignee ☐ Other (Name Please) _____

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).

[Signature]
SENDER'S AUTHORISED SIGNATURE

DATE **21/02/18**

e-mail / Fax / Proof of Delivery ☐ e-mail Address / Fax Number _____

Total Parcels **1**

NO. OF PARCELS PER DIMENSIONS

LENGTH (CM) _____ **WIDTH (CM)** _____ **HEIGHT (CM)** _____

Goods received in full without damage (unless endorsed)

Name Of Receiver (PLEASE PRINT CLEARLY)
LAUREN

Date Received: **210218**

Time Received: **1532**

Signature: *[Signature]*

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)
CHESROU

Date Received: **210218**

Time Received: **1230**

Signature: *[Signature]*

1. ONLINE ☐

3. EFT ☐

Total Mass (Kg)

POD COPY