

# 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. 2006/016342/07  
VAT No. 4880189685



SUBBD26876222

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Sender's Details		Consignee's Details. Full Street Address Please		Mark Service Required	
Company Name <b>LE CREUSET</b> <b>HOBART GROVE</b>		Company Name <b>Le Creuset Centurion Mall</b>		<input type="checkbox"/> Same Day	
Street Address <b>SHOP G1</b>		Street Address <b>Shop 312 E Centurion</b>		<input type="checkbox"/> Express	
<b>CNR HOBART &amp; GROSVENOR ROADS</b>		<b>Houma Avenue</b>		<input type="checkbox"/> With Sunrise Option	
Suburb <b>BRYANSTON</b>		Suburb <b>Pelonia</b>		<input type="checkbox"/> With Saturday Service	
City / Town <b>JNB</b>	Postal Code <b>2021</b>	City / Town	Postal Code <b>2019</b>	<input type="checkbox"/> Public Holiday Service	
Contact		Contact		<input type="checkbox"/> Economy	
Phone <b>011 568 4708</b>		Phone		<input type="checkbox"/> After Hours	
Destination Country	South Africa <input checked="" type="checkbox"/>	Lesotho	Namibia	Swaziland	Other (Please Specify)
Sender's Reference		Analysis Code		<input type="checkbox"/> 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 14.5, 14.6 AND 14.7 OVERLEAF).					
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		1. ONLINE <input type="checkbox"/> 3. EFT <input type="checkbox"/>	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	Total Mass (Kg)
<b>01</b>					
Goods received in full without damage (unless endorsed)		Received By DSV			
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)			
<b>le creuset</b>		<b>SV (H)</b>			
Date Received:		Date Received:			
<b>16 05 18</b>		<b>15 05 18</b>			
Time Received:		Time Received:			
<b>1249</b>		<b>1240</b>			
Signature:		Signature:			

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