

# 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



SUBBD28275958

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ADDITIONAL  
TRACKING  
NUMBERS

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name <b>LE CREUSET</b>				Company Name <b>Le creuset Walmer</b>				<input type="checkbox"/> Same Day	
Street Address <b>BROOKLYN MALL SHOP 318 BROOKLYN MALL CNR VAELE &amp; WATERKLOOF ROAD</b>				Street Address <b>Main Road Walmer Shop 103 Walmer Park Shopping Centre</b>				<input type="checkbox"/> Express	
Suburb <b>BROOKLYN - PRETORIA</b>				Suburb				<input type="checkbox"/> With Sunrise C	
City / Town <b>PTA</b>		Postal Code		City / Town <b>Port Elizabeth</b>		Postal Code <b>6070</b>		<input type="checkbox"/> With Saturday S	
Contact <b>FATIMA</b>				Contact <b>Manager</b>				<input type="checkbox"/> Public Holiday S	
Phone <b>012 346 2840</b>				Phone <b>041 367 2318</b>				<input 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 (Please Specify)		<input type="checkbox"/> After Hours		<input type="checkbox"/> BLNS Customs Tariff			
Sender's Reference				Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>									
Tariff Code		<b>027766</b>		Bill To Sender <input type="checkbox"/>		Consignee <input checked="" 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 1000.00 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					
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT(CM)</b>	
<b>01</b>									
<b>Goods received in full without damage (unless endorsed)</b>					<b>Received By DSV</b>				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<b>Shireen</b>					<b>DWON</b>				
Date Received:					Date Received:				
<b>09/05/18</b>					<b>07/05/18</b>				
Time Received:					Time Received:				
<b>1025</b>					<b>1555</b>				
Signature:					Signature:				

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