

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



SUBBD27219379

2 2 2 E E E 2 2 2

POD COPY

Version Control (06/2017)

Sender's Details		Consignee's Details. Full Street Address Please	
Company Name	Le Creuset Waterfall	Company Name	LE CREUSET STELLENBOSCH
Street Address	SHOP 101 AUGRABIES AVENUE CASHAN EXT 12	Street Address	UNIT 7, CLOENCK CNR CHURCH AND ANDRINGA STREET STELLENBOSCH
Suburb	WATERFALL MALL	Suburb	
City / Town	RUSTENBURG	City / Town	CAPE TOWN
Postal Code	0299	Postal Code	7591
Contact	MANAGER LERATO	Contact	MANAGER CHERYL
Phone	011 537 2279	Phone	021 300 3165

Mark Service Required
Same Day
Express
With Sunrise Option
With Saturday Service
Public Holiday Service
Economy
After Hours
BLNS Customs Tariff

Destination Country	South Africa	Botswana	Lesotho	Namibia	Swaziland	Other	(Please Specify)
---------------------	--------------	----------	---------	---------	-----------	-------	------------------

Sender's Reference: BUTTER DISH

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).

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

Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
1		31	32	17

1. ONLINE ☐

3. EFT ☐

Total Mass (Kg)

Goods received in full without damage (unless endorsed)		Received By DSV	
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)	
CHERYL		LE CREUSET	
Date Received:	Time Received:	Date Received:	Time Received:
10 05 19	908	08 05 18	1604
Signature:		Signature:	

