

# 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



SUBBD28828075

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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 HYDEPARK</b> Street Address <b>CNR 16T ROAD &amp; JAN SMUT HYDEPARK CORNER</b> <b>HYDEPARK</b> Suburb <b>SANDTON</b> City / Town <b>JNB</b> Postal Code <b>2196</b> Contact <b>PATRICIA MOAGA</b> Phone <b>011 325 5606</b>		Company Name <b>LE CREUSET</b> Street Address <b>UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL ESTATE</b> <b>OLD PAADVEE RD</b> Suburb <b>SOMERSET WEST</b> City / Town <b>CAPE TOWN</b> Postal Code <b>7121</b> Contact <b>JENNA</b> Phone <b>021 851 7173</b>				Same Day Express With Sunrise Option With Saturday Service Public Holiday Service <del>Economy</del> After Hours	
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)		BLNS Customs Tariff					
Sender's Reference		Analysis Code					
<b>SPECIAL INSTRUCTIONS</b>							
Tariff Code <b>027766</b>		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges		1. ONLINE <input type="checkbox"/>  3. EFT <input type="checkbox"/>	
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 14.5 AND 14.7 OVERLEAF)							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number		SENDER'S AUTHORISED SIGNATURE		DATE	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		Total Mass (Kg)		Signature		Signature	
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>BASIL</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>Quqa</b>		Date Received: <b>310818</b>		Date Received: <b>290818</b>	
Time Received: <b>1000</b>		Time Received: <b>1250</b>		Signature		Signature	

POD COPY

Version Control (01/2018)