

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



SUBBD29197391

2 2 2 E E E 2 2 2

ADDITIONAL TRACKING NUMBERS									

Sender's Details

Company Name **YUPPIE CHEF**
Street Address **2 TIFOSA PARK**
5 BELL CROSCENT
WESTLAKE PARK
Suburb **WESTLAKE**
City / Town **CPT** Postal Code **7945**
Contact **MORGON**
Phone **021 702 4969**

Consignee's Details. Full Street Address Please

Company Name **LE CREUSET**
Street Address **UNIT 5 HERON PARK**
OLIVE GROVE BUSINESS PARK
OLD PAARDEVELD ROAD
Suburb **SOMERSET WEST**
City / Town **CAPE TOWN** Postal Code **7130**
Contact **HELENA**
Phone

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 Analysis Code

SPECIAL INSTRUCTIONS

Tariff Code

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 1000.00 PER SHIPMENT. (SEE CLAUSE 14.6 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)

SENDER'S AUTHORISED SIGNATURE

DATE

1. ONLINE

3. EFT

Total Mass (Kg)

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

Total Parcels

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)

BASIL

Date Received:

13 08 18

Time Received:

09 24

Received By DSV

Name Of Courier (PLEASE PRINT CLEARLY)

TAMAT

Date Received:

10 08 18

Time Received:

15 25

Signature:

Signature:

POD COPY