

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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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



SUBBD26830809


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: <b>SHOP 224</b>		Company Name: <b>Le Creuset</b>						<input type="checkbox"/> Same Day	
Street Address: <b>LEONORA DRIVE LE CREUSET BALLITO JUNCTION BALLITO DOLPHIN COAST</b>		Street Address: <b>Unit 5, Heron Park Olive Grove Park Estate Old Paardevlei Road</b>						<input type="checkbox"/> Express	
Suburb: <b>DURBAN</b>		Suburb: <b>Somer Set West</b>						<input type="checkbox"/> With Sunrise Option	
City/Town: <b>DUR</b> Postal Code: _____		City/Town: <b>Cape Town</b> Postal Code: <b>8001</b>						<input type="checkbox"/> With Saturday Service	
Contact: <b>SONITHA</b>		Contact: <b>Mary / Yolanda</b>						<input type="checkbox"/> Public Holiday Service	
Phone: _____		Phone: <b>021 300 1779</b>						<input checked="" type="checkbox"/> Economy	
Destination Country: <b>South Africa</b>		Other (Please Specify): _____						<input type="checkbox"/> After Hours	
Sender's Reference: <b>UTI 155287</b>		Analysis Code: _____						BLN5 Customs Tariff: _____	
<b>SPECIAL INSTRUCTIONS</b>									
Bill Charges To Account No. _____		Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>	
027766		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 _____			
<b>Total Parcels</b>		<b>NO. OF PARCELS PER DIMENSIONS</b>		<b>LENGTH (CM)</b>		<b>WIDTH (CM)</b>		<b>HEIGHT (CM)</b>	
1									
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) <b>JASMIN</b>					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <b>LIZWI</b>				
Date Received: <b>26 03 18</b>					Date Received: <b>23 03 18</b>				
Time Received: <b>1444</b>					Time Received: <b>1540</b>				
Signature: <b>Robert</b>					Signature: <b>Lizwi</b>				

POD COPY

Version Control (03/2017)

