

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
t/a DSV Distribution  
PO Box 63, The Reads 0061  
Tel (012) 673-2000  
Reg. No. 2004/015747/07  
VAT Reg. No. 4260213873



SUBBD24860669


Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required
Company Name: <b>LE CREUSET</b>		Company Name: <b>Le Creuset V&amp;A Waterfront</b>				<input type="checkbox"/> Same Day
Street Address: <b>MALL OF AFRICA SHOP 2040</b>		Street Address: <b>Shop 10 6197 V&amp;A Waterfront</b>				<input type="checkbox"/> Express
Suburb: <b>HIGHWAY - MIDRAND</b>		Suburb: <b>OPPOSITE Pick &amp; Pay</b>				<input type="checkbox"/> With Sunrise Option
City / Town: <b>JNB</b>	Postal Code: <b>2066</b>	City / Town: <b>CAPE TOWN</b>	Postal Code: <b>7701</b>		<input type="checkbox"/> With Saturday Service	
Contact: <b>CASSANDA</b>		Contact: <b>421 8521</b>				<input checked="" type="checkbox"/> Public Holiday Service
Phone: <b>011 568 2097</b>		Phone: <b>421 8521</b>				<input checked="" type="checkbox"/> Economy
Destination Country: <input checked="" type="checkbox"/> South Africa		Lesotho <input type="checkbox"/> Namibia <input type="checkbox"/> Swaziland <input type="checkbox"/> Other (Please Specify)				<input type="checkbox"/> After Hours
Sender's Reference		Analysis Code				BLNS Customs Tariff
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To Sender <input checked="" type="checkbox"/> Consignee <input 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 12.4 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 12.5 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 12.6, 12.8 AND 12.7 OVERLEAF).						
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				1. ONLINE <input type="checkbox"/>  3. EFT <input type="checkbox"/>
Total Parcels		NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT(CM)	
1		Parcel				
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)			
Name Of Receiver: <b>NANDIPHA</b>			Name Of Courier: <b>HOBANA</b>			
Date Received: <b>310118</b>		Time Received: <b>1340</b>		Date Received: <b>290118</b>		
Signature:		Signature:		Time Received: <b>1700</b>		

POD COPY

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