

CONTRACT FOR CARRIAGE / DISPATCH NOTE



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



SUBBD25003780

ADDITIONAL
TRACKING
NUMBERS

<b>Sender's Details</b> Company Name <u>LE CREUSET CRESTA</u> Street Address <u>SHOP 1041</u> <u>CRESTA SHOPPING CENTER</u> <u>BENERS NAUDE DRIVE</u> Suburb <u>RANDBURG</u> City/Town <u>J.H.B</u> Postal Code _____ Contact <u>LERATO</u> Phone <u>011 476 6010</u>		<b>Consignee's Details. Full Street Address Please</b> Company Name <u>LE CREUSET HEAD OFFICE</u> Street Address <u>UNIT 5 HERON PARK</u> <u>OLIVE GROVE BUSINESS PARK</u> <u>THE INTERCHANGE</u> Suburb <u>SOMERSET WEST</u> City/Town <u>CAPE TOWN</u> Postal Code _____ Contact <u>7</u> Phone <u>021 851 7178</u>				<b>Mark Service Required</b> <input type="checkbox"/> Same Day <input type="checkbox"/> Express <input type="checkbox"/> With Sunrise Option <input type="checkbox"/> With Saturday Service <input type="checkbox"/> Public Holiday Service <input checked="" type="checkbox"/> Economy <input type="checkbox"/> After Hours BLNS Customs Tariff			
Destination Country: South Africa, Botswana, Lesotho, Namibia, Swaziland, Other (Please Specify)		Sender's Reference <u>WASTLINGFIXED</u> Analysis Code _____				<input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT			
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <u>027766</u> Bill To <input 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.									
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 12.5, 12.6 AND 12.7 OVERLEAF).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number _____									
<b>Total Parcels</b> <input type="text" value="1"/>		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) <u>BASIL</u>				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) <u>EPHRAIM</u>					
Date Received: <u>200818</u>		Time Received: <u>0930</u>		Date Received: <u>160818</u>		Time Received: <u>1533</u>			
Signature:				Signature:					

POD COPY

Version Control (06/2018)