

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 83, The Reeds 0081
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4290213673



SUBBD25131631

ADDITIONAL					
TRACKING					
NUMBERS					

POD COPY

Sender's Details			Consignee's Details. Full Street Address Please						Mark Service Required														
Company Name I.E CREUSET HEAD OFFICE			Company Name I.E CREUSET BEDFORD						<input type="checkbox"/> Same Day														
Street Address UNIT 5, HERON PA OLIVE GROVE IND. ESTATE OLD PAARDEVLEI RD			Street Address SHOP U17 BEDFROD CENTRE CNR SMITH & VAN DER LIN						<input checked="" type="checkbox"/> Express														
Suburb SOMERSET WEST			Suburb BEDFORDVIEW						<input type="checkbox"/> With Sunrise Option														
City / Town CPT		Postal Code 7130	City / Town JNB		Postal Code 2007		<input type="checkbox"/> With Saturday Service		<input type="checkbox"/> Economy														
Contact JASHIN FRASER			Contact NATASHA						<input type="checkbox"/> Public Holiday Service														
Phone 021 851 7178			Phone 011 615 1923						<input type="checkbox"/> After Hours														
Destination Country			South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)		<input type="checkbox"/> BLNS Customs Tariff								
Sender's Reference POS20%			Analysis Code									<input type="checkbox"/> 1. ONLINE											
SPECIAL INSTRUCTIONS			Bill Charges To Account No. 027766 Bill To <input type="checkbox"/> 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.									<input type="checkbox"/> 3. EFT											
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 R250.00 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).												SENDER'S AUTHORISED SIGNATURE		DATE 11/6/18		Total Mass (Kg)							
e-mail / Fax / Proof of Delivery <input type="checkbox"/>			e-mail Address / Fax Number									<table border="1" style="width: 100%; height: 100%;"> <tr><td style="text-align: center;">Total Parcels</td><td style="text-align: center;">NO. OF PARCELS PER DIMENSIONS</td><td style="text-align: center;">LENGTH (CM)</td><td style="text-align: center;">WIDTH (CM)</td><td style="text-align: center;">HEIGHT (CM)</td></tr> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td><td></td></tr> </table>		Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	1				
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)																			
1																							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) MILA			Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) Loeed																				
Date Received: 12/06/18			Time Received: 12/10			Date Received: 17/06/18			Time Received: 16:50														
Signature:			Signature:																				

Version Control: 005/2016