

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 873-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4280213873



SUBBD25463678

Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name: LE CREUSET BOUTIQUE STO		Company Name: LE CREUSET TABLE BAY						<input type="checkbox"/> Same Day	
Street Address: SHOP 176 CANAL WALK SHOP.CNTR LOWER GROUND LEVEL		Street Address: SHOP G086 CNR OF R27 + BERKSHIRE BLVD						<input type="checkbox"/> Express	
Suburb: CENTURY CITY		Suburb: Big Bay						<input type="checkbox"/> With Sunrise Option	
City/Town: CPT Postal Code: 7441		City/Town: CAPE TOWN Postal Code: 7436						<input type="checkbox"/> With Saturday Service	
Contact: LIZE MARIE		Contact: ALHADIA						<input type="checkbox"/> Public Holiday Service	
Phone: 021 551 0225		Phone: (021) 300 3148						<input checked="" type="checkbox"/> Economy	
Destination Country: <input checked="" type="checkbox"/> South Africa		<input type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
Other: <input type="checkbox"/> (Please Specify)		Analysis Code							
Sender's Reference: UT10783309									
SPECIAL INSTRUCTIONS									
Bill Charges To Account No. 027766		Bill To Sander <input type="checkbox"/>		Consignee <input checked="" 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 12.5, 12.6 AND 12.7 OVERLEAF).									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>						e-mail Address / Fax Number			
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) A H A N I F					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) MARIE				
Date Received: 23 02 18					Date Received: 22 02 18				
Time Received: 10 48					Time Received: 14 36				
Signature:					Signature:				

POD COPY

<input type="checkbox"/> BLNS Customs Tariff	
<input type="checkbox"/> 1. ONLINE	
<input type="checkbox"/> 3. EFT	
Total Mass (Kg)	

Version Control (01/2016)