

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



SUBBD25463704

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET BOUTIQUE STO				Company Name Le Creuset Constantia				<input type="checkbox"/> Same Day	
Street Address SHOP 20B GARDENS CENTRE BUITENKANT STREET GARDENS				Street Address The Constantia Village Shop 15, Constantia Main Road and Spanschemacht Road Constantia				<input type="checkbox"/> Express	
Suburb GARDENS				Suburb Constantia				<input type="checkbox"/> With Sunrise Option	
City / Town CPT LAURENCIA		Postal Code 8001		City / Town Cape Town		Postal Code 7800		<input type="checkbox"/> With Saturday Service	
Contact LAURENCIA FITCHE				Contact Nicole				<input type="checkbox"/> Public Holiday Service	
Phone 021 462 7277				Phone 021 794 3615				<input checked="" type="checkbox"/> Economy	
Destination Country South Africa		<input checked="" type="checkbox"/> Botswana		<input type="checkbox"/> Lesotho		<input type="checkbox"/> Namibia		<input type="checkbox"/> Swaziland	
<input type="checkbox"/> Other (Please Specify)		Analysis Code						<input type="checkbox"/> After Hours	
Sender's Reference UT10893385								<input type="checkbox"/> BLNS Customs Tariff	
SPECIAL INSTRUCTIONS								<input type="checkbox"/> 1. ONLINE	
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)						<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 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, 12.6 AND 12.7 OVERLEAF).									
				SENDER'S AUTHORISED SIGNATURE				DATE 27/02/2018	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number						Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
1									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY) NI WILK					Name Of Courier (PLEASE PRINT CLEARLY) SVKIA				
Date Received: 28/2/18		Time Received: 12:15			Date Received: 27/02/18		Time Received: 12:17		
Signature: CS					Signature: [Signature]				

POD COPY

