

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reads 0081
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213873



SUBBD25463727

Sender's Details				Consignee's Details. Full Street Address Please				Mark Service Required			
Company Name LE CREUSET BOUTIQUE STA				Company Name Le Creuset Tygervalley				<input type="checkbox"/> Same Day			
Street Address SHOP 208 GARDENS CENTRE BUITENKANT STREET GARDENS				Street Address Shop 513 Upper level, Bill Bezuidenhout Rd Tygervalley Centre Tygervalley				<input type="checkbox"/> Express			
Suburb GARDENS				Suburb Tygervalley				<input type="checkbox"/> With Sunrise Option			
City / Town CPT LAURENCIA FITCHE		Postal Code 8001		City / Town Cape Town		Postal Code 7530		<input type="checkbox"/> With Saturday Service			
Contact 021 462 7277				Contact Lize-Maurit				<input type="checkbox"/> Public Holiday Service			
Phone 021 462 7277				Phone Lize-Maurit				<input checked="" type="checkbox"/> Economy			
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Namibia			
								Swaziland			
								Other (Please Specify)			
Sender's Reference UT19756960				Analysis Code				<input type="checkbox"/> After Hours			
SPECIAL INSTRUCTIONS											
Bill Charges To Account No. 027766		Bill To <input checked="" type="checkbox"/> Sender		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>			
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 12.6 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 1234567890						3. EFT <input type="checkbox"/>	
Total Parcels				NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
Goods received in full without damage (unless endorsed)						Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)						Name Of Courier (PLEASE PRINT CLEARLY)					
A B I G A I L						JAN					
Date Received:			Time Received:			Date Received:		Time Received:			
11/01/18			12:45:23			11/01/18		14:40			
Signature:						Signature:				Total Mass (Kg)	

POD COPY

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