

FACT 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



SUBBD25463830


<b>Sender's Details</b> Company Name: <b>LE CREUSET BOUTIQUE STO</b> Street Address: <b>SHOP 6197 V &amp; A WATERFRONT VICTORIA WHARF SHOP.CNT</b> Suburb: <b>CAPE TOWN</b> City/Town: <b>CPT</b> Postal Code: <b>8001</b> Contact: <b>CINDY PETERSON</b> Phone: <b>021 421 8521</b>		<b>Consignee's Details. Full Street Address Please</b> Company Name: <b>Le Creuset Tablebay</b> Street Address: <b>Shop 9086 Table Bay Mall Cnr R27 and Berkshire Blvd</b> Suburb: <b>Bloubaerg</b> City/Town: <b>Cape Town</b> Postal Code: <b>7436</b> Contact: <b>Alhedra</b> Phone: <b>021 300 3148</b>		<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 <input type="checkbox"/> 1. ONLINE <input type="checkbox"/> 3. EFT
Destination Country: South Africa <input checked="" type="checkbox"/> Botswana Lesotho Namibia Swaziland Other (Please Specify)	Analysis Code:			
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b> Bill To <input checked="" type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please)				
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		SENDER'S AUTHORISED SIGNATURE: _____ DATE: <b>22/01/2018</b>		
<b>Total Parcels</b>	NO. OF PARCELS PER DIMENSIONS: <b>1 x BOX</b>	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY): <b>ANISHA</b>		Received By DSV Name Of Courier (PLEASE PRINT CLEARLY): _____		
Date Received: <b>23 01 18</b> Time Received: <b>11 25</b>		Date Received: <b>23 01 18</b> Time Received: <b>11 25</b>		
Signature: _____		Signature: _____		

POD COPY

Version Control (06/2016)