

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
 t/a DSV Distribution
 PO Box 63, The Reeds 0081
 Tel (012) 673-2000
 Reg. No. 2004/015747/07
 VAT Reg. No. 4260213B73



SUBBD25508920

POD COPY

Sender's Details			Consignee's Details. Full Street Address Please						Mark Service Required										
Company Name LE CREUSET BOUTIQUE STORE			Company Name Meera Daya						<input type="checkbox"/> Same Day										
Street Address 160, CAVENDISH 3 VINEYARD ROAD			Street Address 100 Grayston Drive, Sandton						<input checked="" type="checkbox"/> Express										
Suburb CLAREMONT			Suburb Sandton						<input type="checkbox"/> With Sunrise Option										
City / Town CPT Postal Code 7708			City / Town Jhb Postal Code 2196						<input type="checkbox"/> With Saturday Service										
Contact ZAHIRA HOUSEN			Contact Meera Daya						<input type="checkbox"/> Public Holiday Service										
Phone 021 671 9550			Phone 073 274 3950						<input type="checkbox"/> Economy										
Destination Country South Africa			Destination Country South Africa						<input type="checkbox"/> After Hours										
Sender's Reference UT13565191			Analysis Code						<input type="checkbox"/> BLNS Customs Tariff										
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"/>							<input type="checkbox"/> 1. ONLINE									
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).																			
MBD						03/07/2018				<input type="checkbox"/> 3. EFT									
SENDER'S AUTHORISED SIGNATURE						DATE				Total Mass (Kg)									
e-mail / Fax / Proof of Delivery <input type="checkbox"/>			e-mail Address / Fax Number							Total Mass (Kg)									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Total Parcels</th> <th style="width: 20%;">NO. OF PARCELS PER DIMENSIONS</th> <th style="width: 20%;">LENGTH (CM)</th> <th style="width: 20%;">WIDTH (CM)</th> <th style="width: 20%;">HEIGHT (CM)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1x Flyer</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)	1	1x Flyer	
Total Parcels	NO. OF PARCELS PER DIMENSIONS	LENGTH (CM)	WIDTH (CM)	HEIGHT (CM)															
1	1x Flyer																		
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) PAUL					Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) THUR					Total Mass (Kg)									
Date Received: 050718		Time Received: 1008			Date Received: 040718		Time Received: 1020												
Signature:					Signature:														

Version Control (05/2013)