

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa
t/a DSV Distribution
PO Box 63, The Reads 0061
Tel (012) 673-2000
Reg. No. 2004/015747/07
VAT Reg. No. 4260213873



SUBBD25508922

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET BOUTIQUE STORE		Company Name LE CREUSET TABLE BAY				<input type="checkbox"/> Same Day	
Street Address L68, CAVENDISH S VINEYARD ROAD		Street Address Shop 603b, Table Bay Mall, Corner R27 Berkshire Boulevard,				<input type="checkbox"/> Express	
CLAREMONT						<input type="checkbox"/> With Sunrise Option	
Suburb CAPE TOWN		Suburb Blouberg				<input type="checkbox"/> With Saturday Service	
City/Town CPT Postal Code 7708		City/Town Cape Town Postal Code 7436				<input type="checkbox"/> Public Holiday Service	
Contact ZARRIRA HOUSEN		Contact Alhadia				<input checked="" type="checkbox"/> Economy	
Phone 021 671 9550		Phone 021 300 3148				<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		BLNS Customs Tariff	
Sender's Reference 4+19894787		Lesotho		Namibia		1. ONLINE <input type="checkbox"/>	
Analysis Code		Swaziland		Other (Please Specify)		3. EFT <input type="checkbox"/>	
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"/> 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 12.4 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 AUTHORIZED SIGNATURE		DATE 15.01.2018		Total Mass (Kg)			
Total Parcels 1 NO. OF PARCELS PER DIMENSIONS 1 x Box LENGTH (CM) _____ WIDTH (CM) _____ HEIGHT (CM) _____							
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) CANDICKS Date Received: 160118 Time Received: 1118 Signature:				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) [Signature] Date Received: 150118 Time Received: 1500 Signature:			

POD COPY

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