

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



SUBBD25508961

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name LE CREUSET BOUTIQUE STORE		Company Name Le Creuset Constantia				<input type="checkbox"/> Same Day	
Street Address L 68, CAVENDISH 3 VINEYARD ROAD CLAREMONT		Street Address Shop 100, Constantia Main Road and Spuansgemacht Road Constantia				<input type="checkbox"/> Express	
Suburb CAPE TOWN		Suburb				<input type="checkbox"/> With Sunrise Option	
City / Town CPT Postal Code 7708		City / Town Cape Town Postal Code 7700				<input type="checkbox"/> With Saturday Service	
Contact ZAHIRA HOUSEN		Contact Nicole				<input type="checkbox"/> Public Holiday Service	
Phone 021 671 9550		Phone 021 794 3615				<input checked="" type="checkbox"/> Economy	
Destination Country		(Please Specify)				<input type="checkbox"/> After Hours	
South Africa <input checked="" type="checkbox"/>		Botswana Lesotho Namibia Swaziland Other				BLNS Customs Tariff	
Sender's Reference ULI 0217811		Analysis Code				1. ONLINE <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 Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.			
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			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)		1		1 x Box			
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY) LAILAA				Received By DSV Name Of Courier (PLEASE PRINT CLEARLY) AGVEST			
Date Received: 30/01/18		Time Received: 1051		Date Received: 29/01/18		Time Received: 1540	
Signature:				Signature:			

POD COPY

Version Control (06/2016)

Total Mass (Kg)

